DOCUMENT RESUME

ED 475 262 CG 032 318

AUTHOR	DiBiase, Miriam H., Ed.
TITLE	Healing Magazine, 2002.
PUB DATE	2002-00-00
NOTE	66p.; Produced by KidsPeace.
AVAILABLE FROM	KidsPeace, 1650 Broadway, Bethlehem, PA 18015-3998. Tel: 800-334-4543 (Toll Free); e-mail: healing@kidspeace.org; Web site: http://www.kidspeace.org.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Healing Magazine; v7 n1-2 Spr-Fall 2002
EDRS PRICE	EDRS Price MF01/PC03 Plus Postage.
DESCRIPTORS	*Adolescents; Bullying; *Children; Illegal Drug Use; *Intervention; *Mental Health; Mentors; Terrorism; Violence; War
IDENTIFIERS	Adventure Therapy; Dating Violence

ABSTRACT

This newly designed volume of "Healing Magazine" features practical, clinical information aimed at sharing current work in children's mental health. The first issue shares information on guiding children through times of trauma, particularly after the events of September 11th. Two articles provide information on debriefing after trauma and talking to children about terrorism and war. Also in this issue are articles on wilderness therapy and the use of peer mentors in summer programs. The second issue contains articles on the causes and characteristics of bullying behavior, the rise in relationship dating and violence among teens, and information on the street drugs popular with kids and teens. Each issue contains supplementary resources and book reviews. (GCP)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 475 262

Healing Magazine

Volume 7
2002

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

M. DiBiase

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

BEST COPY AVAILABLE

CG032318

Spring 2002 • Volume 7, No. 1

HEALING

KidsPeace
(The National Center for Kids Overcoming Crisis)

Magazine

Help your child weather the storm

Talking with your kids about terrorism

Teens tune in with nature to tune in to themselves

Debriefing staff after a crisis

Teens speak out, TeenCentral.Net answers

"I never thought of myself as someone to look up to ..."
Mentors learn confidence, responsibility

Healing salutes a mental health ally

Helping you help kids ... changing as we stay the same

C.T. O'Donnell II
KidsPeace
President and CEO

Dear Reader,

The world of mental health care is constantly changing. From new counseling techniques to ever-present funding issues, there's always a new trend to research, a new skill to learn.

We at KidsPeace love the challenge of change, because it means a constant flow of increasingly better ideas for helping children. At *Healing* magazine, our latest challenge has been how to better serve our readers. You hold in your hands the result of our commitment to that challenge. With a new format, new paper, and new design, *Healing* is now a more effective publication. We still feature the practical, clinical information you count on, and we are still dedicated to sharing with you our work and the work of others in the field of children's mental health. Our look has changed, and our commitment to you has remained.

In the weeks and months following September 11, 2001, there was a nationwide outcry for crisis intervention services and for information on how to handle such a large-scale trauma. This issue shares some practical advice on guiding your children – and yourself – through times of trauma. Two articles provide information on debriefing after trauma and advice on how to talk to your children about terrorism and war.

Also in this issue, you will read about wilderness therapy, a practice that's breaking through the boundaries of traditional therapy. And you will see an update on the KidsPeace-sponsored Web site, TeenCentral.Net. We first reported on this innovative site for teens in 1999; now read how they've grown and how they've responded to the turbulence around the world. We also spotlight a KidsPeace program's addition of peer mentors to their summer program. Learn how kids in Berks County, Pennsylvania, spend their summers giving back to their school.

It is our sincere hope that you will find our new look and layout a more efficient and pleasing way to access the information you count on from us. As always, we welcome your comments and suggestions. Thank you for your continued support of *Healing* magazine in this constantly changing field of children's mental health care!

For the kids,

C.T. O'Donnell II

C.T. O'Donnell II

HEALING™

KidsPeace®
The National Center for Kids Overcoming Crisis

Magazine

Spring 2002 • Volume 7, Number 1

***Healing* is a publication of:**
KidsPeace
Creative Services
1650 Broadway
Bethlehem, PA 18015-3998

President and CEO
C.T. O'Donnell II

Executive Publisher
David Dries
Vice President for Marketing

Managing Editor
Ginger Jackson
Manager of Creative Services

Editor
Miriam H. DiBiase

***Healing* Staff**
Dean A. Bartholomew
Stephanie A. Cipriani
Tiffany A. Fisk

Art Director
Shawn Parker

Assistant Art Director
Kristin R. Greenberg

Designer
Robert Williams

ABOUT KIDSPEACE

KidsPeace is a private, not-for-profit organization dedicated to serving the critical mental and behavioral health needs of children and teens. Since 1882, KidsPeace has been helping kids develop the confidence and skills they need to overcome crisis in their lives. KidsPeace provides an array of specialized residential programs for hard-to-place kids. Today, KidsPeace offers a comprehensive range of treatment programs, educational services, and treatment foster care options to help families help kids anticipate and avoid crisis whenever possible. The articles contained in KidsPeace's *Healing* magazine do not necessarily express the views of KidsPeace or its subsidiaries.

KidsPeace is accredited by The Joint Commission on Accreditation of Healthcare Organizations, Middle States Association of Colleges and Schools, and The Commission on International and Trans-Regional Accreditation. KidsPeace does not discriminate in regard to admissions in terms of sex, race, creed, color, national origin, religious beliefs, disabilities, or handicapping conditions.

© *Copyright 2002 by KidsPeace*

Therapist's Corner®

Teens tune in with nature to tune in to themselves
Wilderness Therapy – Recreational therapy *ad absurdum* or to the highest degree of effectiveness? 2
By Dean A. Bartholomew

Debriefing staff after a crisis
Our national tragedy: Intervening in their trauma 5
By James Feldman, Ph.D.

KidsPeace COO named Social Worker of the Year 8
By Tiffany A. Fisk

Practicing social skills with Role Play Cards 9
By Miriam H. DiBiase

Especially for Parents

Help your child weather the storm
Terrorism, trauma, and children: What can we do? 10
By Linda Goldman

"Know the Rules" of safeguarding your teens from danger 14
By Lois A. Weber

Battling childhood obesity 16
By Ginger Jackson

Trends

"I never thought of myself as someone to look up to ..."
Summer mentor program teaches kids confidence and responsibility 19
By Tiffany A. Fisk

Teens are speaking. TeenCentral.Net is listening and responding 22
By Miriam H. DiBiase

Healing Salutes ...

Healing magazine salutes departing U.S. Surgeon General David Satcher 24
By Dean A. Bartholomew

Resources

Family Resource File 26
Healing High Fives 27

CORRECTION

Our apologies to the Mental Health Association in Westmoreland County, Pennsylvania, for our failure to credit them for the photo of their "ERASE STIGMA" eraser that appeared as artwork for "Understanding – and overcoming – the stigma of mental illness" on page 8 of our Fall/Winter '01 issue.

For more information about the "ERASE STIGMA" eraser and the Mental Health Association in Westmoreland County, please call Laura Hawkins, Executive Director, at 724-834-6351, or write to her at 409 Coulter Avenue, Suite 4, Greensburg, PA 15601. Or, visit the association's Web site at www.westol.com/mhawc.

Thank you for helping us keep our subscriber list as accurate as possible.

Please FAX name/address/e-mail changes or additions along with incorrect mailing label to 610-799-7981 or e-mail healing@kidspeace.org.

Wilderness Therapy –

Recreational therapy *ad absurdum* or to the highest degree of effectiveness?

By Dean A. Bartholomew

This is the kind of majestic scene a teenager on a wilderness therapy trek may wake up and see.

The sun rises to reveal the outline of distant jagged mountains, purple in the first light of a silent dawn. The smoky smell of burnt food on the damp ashes of last night's wood fire, made without matches, mixes with the fragrant perfume of crushed evergreen needles beneath your sleeping bag. As you crawl out, get up, and splash cold water on your eyes for a clearer survey of the majestic landscape, a golden eagle's flight pattern brings him directly toward you. For the first time in your life you not only *see* his wings move, but in the quietness you actually *hear* the slow, steady "whoosh, whoosh, whoosh, whoosh" of each stroke propelling him high over the rill where you stand, and then out of sight.

Away from rumbling cars and trucks on the highway, jet airplanes above, ghetto blasters, wrist watch alarms, pagers, and cell phones beeping out an electronic "Für Elise," only the wind in the trees confirms that you are not deaf. Last night, without gas lanterns, flashlights, or electricity, only the moon and the constellations of the starry canopy helped you navigate around the campsite.

At first this sounds like a weekend camping trip. But if you were to repeat this scene for five to ten weeks, add therapists, psychiatrists, experiential learning teachers, field staff, and wilderness guides moving you to a new campsite every day along a back country trail, you would begin to realize what a teenager experiences in wilderness therapy.

Recess and recreational therapy give kids a break from class studies or one-on-one therapy so that they can stretch their legs, exercise for a while, get some fresh air, and take a break from sitting for a long time. On a much larger scale, wilderness therapy gives kids a break from their life situation to gain a fresh look at where they are heading and the harmful patterns into which they have fallen. It can provide a clean slate on which to draw new, constructive goals.

What is wilderness therapy?

Not boot camp and not Outward Bound, wilderness therapy is a specialized trek designed to help troubled teenagers come to grips with their problems or addictions. It is carefully supervised to help kids regain a sense of self-esteem and direction, and, with the aid of the skills they learn, as well as group and individual therapy, begin the road to recovery. It is often classified as a residential program, but the residence is actually a wide-open desert or a mountain plateau.

Separated – sometimes by force – from home, parents or guardians, friends, and school, temperamentally difficult teenage boys and girls are often changed when they come away and spend an extended time in a rugged environment.

James Wright, MA, clinical director and team leader at the York, Maine, office of KidsPeace-New England, praises the benefits of wilderness therapy: "It covers a broad range of activities, but any exposure to the outdoors is good for kids, especially urban kids. Hanging out with other kids in a different environment is one big therapeutic session. Out in the wilderness, we shed the trappings we hold. Kids form deeper relationships with each other out in the wild; they share more deeply and more authentically. The great outdoors lends itself to openness."

Is wilderness therapy safe?

Outdoor therapy in a residential camp is hardly a new concept – the Salesmanship Club of Dallas pioneered the approach in 1946 with their Salesmanship Club Youth Camp, a residential, therapeutic program for adolescents with emotional and behavioral difficulties.

Today, parents can be confident that kids sent to one of the several hundred wilderness therapy programs across the

country will be adequately fed, hydrated, sheltered, and protected from the dangers inherent in hiking through open, uninhabited areas. To begin with, all field staff are trained in first aid. Additionally, radio contact to a backup emergency medical team and the support team back at headquarters is available at all times in case any problems arise that can not be handled on the trail by the adults supervising the journey.

While not regulated on a national basis, wilderness therapy is gaining credibility state by state. In Utah, the birthplace of wilderness hiking therapy, it is most tightly regulated. Aspen Achievement Academy, based in the small western town of Loa, Utah, employs Native American rites of passage to make adolescent transitions, important rituals that they note have all but disappeared from American society and today's families. It is an intensive outdoor program for adolescents emphasizing therapy, behavioral change, and experiential learning – outdoor field lectures and daily written curriculum assignments count as credits toward their regular schooling.

Author Gary Ferguson, who spent three months on the trails of the Utah desert with the Aspen Achievement program to understand the experience, describes the four levels through which kids move as they progress in their therapy. "We'll begin … as mice, that entry-level creature slot, low as you can go, beneath coyote, buffalo, and eagle, in which kids spend their first forty-eight hours in the wilderness. To be a mouse means to be … slightly apart from the group, no talking to other students. Eating something like peaches and water and granola – fare that some say helps cleanse the system of whatever drugs may still be running around. … No 'future information' is given to any student, unless he or she is an eagle, so questions about how far we're going, when the next break is, what's on tap for tomorrow, go unanswered."

Ferguson's book, *Shouting at the Sky: Troubled Teens and the Promise of the Wild* (St. Martin's Press: 1999), explains what each kid has to accomplish to attain a promotion to the next level. For example, to achieve coyote, each has to learn how to build his or her own shelter for the night, how to wrap and carry a 50-pound pack made from a tarp and seatbelt webbing, how to open canned food rations with a P38 (a tiny manual can opener), and how to start a bow-drill fire. All this takes place while the group is hiking six to ten miles a day pushing carts carrying their food, water, and other supplies. Each transition to a higher level is accompanied by rituals, ceremonies, and more privileges.

Is wilderness therapy effective?

Wright, who received much of his training in wilderness passage rites at the School of Lost Borders in Big Pine, California, says, "I have worked as a therapist for fourteen years in clinic-based, institution-based, and person-to-person therapy. The amount of change accomplished in a short time is much greater in wilderness therapy. It is way more effective. You can condense years of therapy into weeks. You can condense accomplishments in the wilderness. I wish we could put more kids into wilderness training."

Toby Mautz, MSW, therapist for Aspen Achievement Academy, began his career in a Boston, Massachusetts, office. He became interested in wilderness therapy when he saw the effectiveness of adventure therapy – extended outdoor therapy on high ropes courses. Says Mautz, "All the necessary elements of good therapy – intensive one-on-one therapy, group therapy, and family therapy – are present in wilderness therapy, but intensive outdoor experience produces intensive therapy. It's difficult to get a teenager to sit still for an hour in an office. Out there, a common sharing goes on. There is a natural consequence if the kids don't do what they must. There is a natural joining with the other kids in the wilderness." Mautz feels he can connect better with his clients in a 24/7 setting.

Do the benefits of wilderness therapy last?

Claims of long-term success by wilderness therapy companies range from 50 to 70 percent successful, but no independent scientific studies exist yet to provide proof that the therapy cures for the long term. Prospective clients and families must trust the advice of their current therapists and investigate for

(Continued)

Awe-inspiring natural formations on the trail help children reflect on life and discover important things about themselves.

themselves the effectiveness of this method by studying the stories of satisfied – and unsatisfied – clients.

Parental involvement is key to the long-term success of the Aspen Achievement Academy program. Before a child is brought to Utah, the parents or guardians and any current therapists and counselors are required to provide a complete profile of the prospective client. While clients are trekking in the desert, the parents are listening to tapes and studying course materials given them at headquarters when they entrusted their child to the staff of Aspen. They must also attend their own family therapy at home and complete a family growth book with weekly reading and writing assignments. The main therapist directing the child's treatment sends progress reports to the folks back home every week by means of regularly scheduled telephone calls.

When a student's program concludes, parents or guardians and siblings are invited to participate in a three-and-a-half-day process of reunion with their child or sibling. The final graduation ceremony brings the family together in a circle to tell their stories in a deeply emotional time of sharing. Supervised by the trained therapists and psychologists present to make sure the emotions do not become destructive, each reveals what he or she has learned about him or herself – the nature of their conflicts, what it was like to be separated for so long, and plans for progress in the weeks and months after the experience.

A mountainous trail such as this challenges wilderness hikers to build new skills while developing cooperative relationships.

What people are saying about wilderness therapy: "Suiting the mental health needs of adolescents has been a challenge for the U.S. health care system. The appeal of wilderness therapy is strengthened by its reputation for economy and therapeutic efficiency when compared with other mental health services."

— Margot Higgins, Environmental News Network

How can parents choose a wilderness therapy program?

The cost of wilderness programs is a big factor in choosing whether or not to send a kid for wilderness therapy, and it can be a very large expense. If a family's insurance provider will pay for the experience, the company will likely recommend a particular program. Wilderness therapy is actually a growth industry, because many parents and guardians who are able, are willing to pay the upwards of $350 per day fee for treatment that will turn around and rescue a child heading for serious trouble.

To survey some of the many wilderness therapy schools and programs offering a wilderness environment as part of their curriculum today, see the Web site www.strugglingteens.com/wilderness.php. For more information on experiential learning, visit the Web site of the Association for Experiential Education at www.aee.org.

Several oversight organizations have formed to provide accreditation for outdoor programs. The Outdoor Behavioral Healthcare Industry Council (www.obhic.com) describes itself as an organization "committed to the utilization of outdoor modalities to assist young people and their families to make positive change." It is developing and policing the standards of excellence for membership and, by so doing, it desires to be "the standard which families can trust for effectively assisting children and their families toward positive change." In addition, The National Association of Therapeutic Wilderness Camps (www.natwc.org) represents nearly fifty therapeutic camps in the United States.

Another group, Wilderness Therapy & Treatment (www.wilderness-therapy.org), describes itself as a non-profit consumer protection information, health, safety, referral, and education source. This Web site is for parents, families, and professionals seeking help for youth at risk and teenagers with depression, anxiety, and oppositional, defiant, and conduct disorders; alcohol, drug, and other substance abuse; as well school and academic problems.

Is professional training in wilderness therapy available?

Wright recommends The School of Lost Borders in Big Pine, California. The school was founded 25 years ago and is currently putting together a college curriculum for an academic major in wilderness therapy. Training in wilderness therapy is also available at Prescott College, Arizona; The University of Idaho; and Sonoma State College, Sonoma, California.

Mautz recalls an experience that poignantly captures the essence of wilderness therapy. "At the end of an hour of walking and talking with a young client at dusk, after talking about his deepest needs and aspirations, the sun set behind the Capitol Reef Formation as if to finalize our session. The young man turned to me and exclaimed, 'Now that's therapy!'"

Our national tragedy: Intervening in their trauma

By James Feldman, Ph.D.

For all of us, the morning of September 11, 2001, will be one of those memories that remains vivid for a lifetime. For those of us old enough, it's similar to remembering where we were when President Kennedy was shot. Whatever the case, perhaps the most critical aspects of how we respond to, process, and remember a crisis or traumatic event include perception and context.

As professionals working with children and adolescents in a variety of clinical settings, we have many tasks. One of those tasks is to prepare ourselves prior to meeting with clients, not so much to second guess what they will say, but to help transport us to the perception and context of their world.

And so on September 11, our task was clearly laid out. How did the children and adolescents we were to see that day and subsequent days think and feel about terrorism, the attacks, and the tremendous loss of life? How would they make sense of it, especially since many of us struggled to comprehend the reality we witnessed on television as it actually occurred?

The importance of debriefing

At KidsPeace, working with more than 3,000 children each day, we were about to face the reality of the day's events and have these questions answered. While readying ourselves for the work ahead, we found the need to debrief each other on the morning's disaster. We had to examine our own perception and context before moving on to our work with the children. Debriefing is a specific approach to working with victims and survivors of trauma immediately after the experience, and a few essentials are important to note.

While more than one model of debriefing exists, we at KidsPeace have utilized one that is easily understood and presented in a group format. This model is composed of five stages as follows and can be used with any group of people.

Introductory stage

This initial stage should take no more than three to five minutes.

- Introduce yourself.
- Explain that this debriefing exercise is not therapy. Its purpose is **not** to help people feel better when they leave; rather, the purpose is to plant seeds, which take root in the future.
- Explain that everything shared remains confidential and that each individual's privacy will be respected. Participants should turn off any potentially distracting electronic devices.
- Explain that this meeting is not about evaluating or critiquing the actual traumatic event.

(Continued)

Dr. James Feldman, KidsPeace Director of Public Education and Director of Foundations, is a nationally recognized authority on child development, child maltreatement, and parenting. He has served as an expert source for stories on children's issues for the Washington Post, USA Today, 20/20, Fox Morning News, CNBC, and the CBS, NBC, and ABC Radio networks.

- Ask participants to try not to leave the room. Also tell them that there is no requirement to speak at all.
- Explain the need to respect and tolerate each other.

Reconstruction stage – the longest stage

This stage is focused on facts, not feelings.

- Assess the duration and degree of participants' exposure to the traumatic event.
- Discuss questions related to how each member found out about the event, where they were, and what they did.

Response stage – 10-15 minutes

Questions in this stage are focused on what happened during the trauma and later that day.

- Discuss what is happening for each member now. What are their thoughts and feelings?
- Finally, ask and discuss the most difficult question: What was the worst part of the whole experience for each individual?

Psychoeducational stage – five minutes

This stage involves the process of helping victims understand and integrate the reactions they had to the event. That is, we help validate and normalize what they may have experienced as unusual reactions (both thoughts and feelings).

- Provide a context in which they can begin to view their strong reactions as normal, given the level and length of exposure to the traumatic event.
- Encourage participants to find others who can be a source of support over time, as they become more able to discuss their experience.
- Emphasize the likely possibility of the emergence of psychic and somatic symptoms in the future, and the significance of such symptoms.

Wrap-up stage

This stage offers participants the opportunity for any last comments or feedback.

- Offer closing comments, emphasizing the importance of each person's participation and of remaining open to support or professional intervention in the future.
- Follow up with staff members who remain in the meeting room after the session has ended, providing them with support, answering their questions, or offering referral information if necessary.

Depending on the number of participants, the entire debriefing process can last from 45 minutes to over an hour. As in most therapeutic group settings, a group of more than 12 participants can begin to challenge the therapist. For this reason, the use of co-leaders is recommended, with one therapist leading the process and the other monitoring individual reactions for signs of concern.

The need for debriefing staff after facilitating such a process is essential. The ideal is to have a professional who was not part of the team lead a debriefing session for staff. Not unlike those who have experienced a traumatic event firsthand, staff, having listened to what can be graphic descriptions of trauma, are not immune to their own stress-related reactions either immediately following exposure, or more likely at some later point in time. Taking care of each other is important because those same staff may be called upon to provide additional debriefing within a 24-hour period of time. The importance of assessing who is "ready to walk the fire again" is critical for both staff and participant.

Addressing "themes" after trauma

For children and adolescents, September 11 left reactive "themes" for them to face. Intervening in these themes required us to again remember perception and context, for these often set the stage for immediate and future adjustment.

Several themes and concerns arose immediately for children in a residential care setting. For those who had connections to family or friends at each site, concern for their loved ones' safety was prominent. What became challenging for the health care professionals working with these children was the lack of information and thus an inability to know an individual's status. During this time, mental health professionals focused on several of the debriefing approaches noted above to help focus on facts, avoid emotional "overload," and offer hope and support until more details about the well-being of clients' families became available.

Fear for their own safety was of significant importance for school-age children, while adolescents verbalized anger as well as concerns for safety. Many had questions regarding the possibility of such an event happening to them. Questions about who did such a terrible thing, and why, and will it happen again were prominent among the initial concerns that needed to be addressed. While limited information was available, therapists were focused on assessing the perceptions and contexts of each child; that is, what "story" or "reasons" did each child tell him or herself for the events that were unfolding?

Considering culture

In addition to assessing response to the events of September 11, paying close attention to context and perception, we must also appreciate that both are colored not only by developmental level but by cultural factors as well. Culture incorporates a variety of aspects, including beliefs, values, spirituality, the nature of relationships, and a host of other factors, all combining to create a particular experience in each child that is unique and only his or hers. These are factors that need to be explored and understood in an effort to assess each child's reaction to trauma.

Tips for helping traumatized children

Having experienced the reactions of the children with whom we work at KidsPeace, we are called upon by other professionals, the media, parents, and others to offer guidance and suggestions for providing support to children following significant tragedies in their lives. To reach as many concerned as possible, KidsPeace created and distributed a series of tips to both parents and others concerned about children, as well as to children themselves. These tips were offered through a number of channels including print media, television, the internet, and directly through our telephone HelpLine, 1-800-334-4KID (1-800-334-3543).

These suggestions were offered not only in response to the September tragedy, but are essential guidelines to use during times of crisis in the lives of children and teenagers.

Children were encouraged to:

- **Talk.** Talking to trusted adults was strongly encouraged, not only to express concerns and fears, but also to get answers that were accurate from those they trust.
- **Express their feelings.** Helping children verbalize and understand their safety concerns should normalize what are often powerful and frightening reactions to traumatic events.
- **Limit television.** Children and even young teens were advised to limit repeated exposure to graphic media images of the events. Continued exposure increases the likelihood of adverse reactions both short- and long-term.
- **Get involved.** Children were offered ways of helping or getting involved in the efforts of their community. Children were given the message that being young does not prevent them from helping others.
- **Get back to things they like.** Children were encouraged to continue doing things that are fun, enjoyable, and routine as soon as possible. Routine activities are powerful in helping to reduce anxiety and fear.
- **Be on the lookout for warning signs.** Children were encouraged to be aware of headaches, stomachaches, nightmares, feeling sad, trouble sleeping or eating, increased arguing with family or friends, school refusal, trouble concentrating, or not wanting to be alone (for younger children). Behavioral and somatic complaints are characteristic of excessive worry, anxiety, and depression.

Parents were encouraged to:

- **Listen carefully to what their children were saying.** Giving children answers to their questions while letting them know their parents care about them is essential, especially during times of crisis.
- **Provide their children with answers that are age-appropriate and easily understood.**
- **Reassure their children of their safety.** While not telling children it can never happen to them, parents should let them know it is very unlikely and that there are people to protect them. It is likely that children will need to be assured of this many times over the weeks or months following the trauma.
- **Limit continued viewing of graphic violence associated with the event.**
- **Remember that teens get scared too.** Parents shouldn't forget that even teens need to be reassured that they are safe.
- **Take care of themselves.** Parents were encouraged to watch themselves for the same behavioral and somatic complaints listed above.
- **Be open to professional consultation, if necessary.** Parents were urged to seek professional advice from their family physician or mental health professional if symptoms appear and remain for more than two weeks.

Being prepared to help

In summary, as professionals called upon to respond to a variety of events and their impact on the lives of children and their families, "being prepared" with the best model of practice available should be our motto. At KidsPeace, where thousands of children and families are cared for each day, we have found, as many other professionals have, that keeping up with research and new approaches to ever-increasing problems is a requirement. Should we fail to remain faithful to this need, those we serve will ultimately pay the price.

Call for articles

Are you interested in writing for *Healing* magazine? If you are a professional in the field of mental health, we welcome your submission. We are always looking to publish informative articles pertaining to the needs of parents, mental health professionals, and today's at-risk and special needs youth. Please read our submission guidelines and decide if *Healing* magazine is the right medium for you.

Healing magazine submission guidelines

Length: Articles should be 1,000 to 2,000 words in length, and consist of practical, clinical information about children's mental health that can be applied in the home, classroom, community, and/or office setting.

Format: Microsoft Word-compatible documents on floppy or zip disk should be directed to:

***Healing* magazine**
c/o KidsPeace Creative Services
4125 Independence Drive, Suite 4
Schnecksville, PA 18078

Articles can also be sent via e-mail to: healing@kidspeace.org.
Healing magazine reserves the right to edit all manuscripts.

KidsPeace COO named Social Worker of the Year

By Tiffany A. Fisk

Richard Biolsi, MSW, KidsPeace COO

On March 4, 2002, Rich Biolsi, MSW, KidsPeace Chief Operating Officer, was named "Social Worker of the Year" by the National Association of Social Workers (NASW), Lehigh Valley Division. Candidates for the award must meet specific criteria set by the association and be nominated by their peers. According to KidsPeace resource development administrator Jennifer Grube, LSW, CSWM, "Mr. Biolsi has been instrumental in the provision of specialized services for thousands of at-risk youth over the past 31 years within his work at KidsPeace."

Nominees for the award must meet six criteria: maintaining NASW membership in good standing, personally and professionally integrating education and experience to help people, taking risks for better social services, enlisting public support for improved social services, contributing to the public's knowledge of social work, and representing the ethics of social work as defined in the NASW Code of Ethics. One nomination letter reads, regarding taking risks for better social services, "If anything characterized Mr. Biolsi's career, it would be this criterion. At a time when many service providers were scaling back or going in different directions, Mr. Biolsi was able to help KidsPeace reach out and seize the opportunity to fill a missing service gap. ... The debacle of psychiatric hospitals across the country had already occurred, and most organizations were bailing out of this very costly service. Mr. Biolsi saw the need for children in the Lehigh Valley for quality psychiatric care, and proceeded to create one of the finest hospitals for children and adolescents in the state."

Biolsi earned his MSW from Columbia University. Before coming to KidsPeace (then known as Wiley House), he worked as a neighborhood center worker in the South Bronx, and then as child-care worker, social worker, and family therapist at Hawthorne Cedar Knolls School in New York. He came to KidsPeace in 1969 as a social worker/group worker, and shortly thereafter became a child-care supervisor. "For 31 years, Mr. Biolsi has continued to expand programs and services that have helped thousands of children state- and nation-wide," says KidsPeace senior vice president for programs, Scott Finnell. As COO, Rich is ultimately responsible for the organization's programs and services. "He is known for his keen ability to pioneer these Lehigh Valley-rooted services to numerous states in over 50 areas across the nation," says Grube.

Biolsi humbly states that he isn't sure what makes a great social worker, "... but my guess is it takes an ability to put judgment aside and to be able to put yourself in the shoes of the person you are working with. Being a good listener helps. Being a good social worker with kids requires an unwavering belief in the value of every kid and their natural ability, no matter how hidden, to grow in healthy ways."

Having worked his way up from interacting directly with children and their families to the executive office he currently holds, Biolsi has a full understanding of and respect for the field of social work and his colleagues. "The kids and the direct care staff have inspired me. I am truly awed by the resiliency of our youth, their ability to transform in the face of overwhelming odds, and the hopefulness they develop. I firmly believe that KidsPeace staff work miracles in the form of small, seemingly insignificant ways that add up to supporting and trusting relationships that provide the boost our kids need to overcome crisis in their lives."

Practicing social skills with Role Play Cards

By Miriam H. DiBiase

I am fascinated by the links between healing and performance … and the power of the dramatic imagination to bring about not only psychological and social change but also biological change.

— Dr. Sue Jennings, RDT

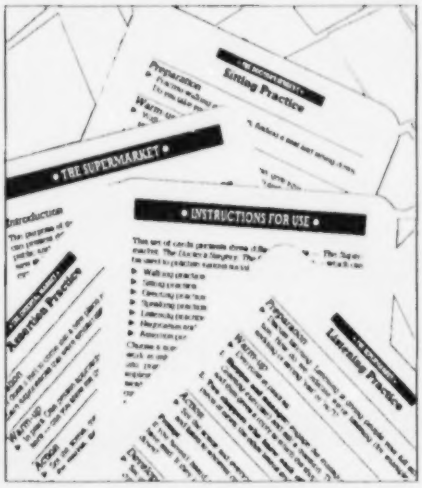
Healing magazine has looked once or twice at the healing potential of drama and movement therapy (see *Healing* magazine Vol. 4, No. 1 and Vol. 6, No. 1), but until now our focus has been more on theory than on the resources available to facilitate this genre of therapeutic expression. For those of you looking for a functional tool for practicing drama therapy for social skill development, Dr. Sue Jennings' Role Play Cards may be the right tool for you. Developed in conjunction with her book *Creative Drama in Groupwork* (1997, Winslow Press), the cards were originally published in 1988 and were recently reprinted by Winslow Press (now Speechmark Publishing Ltd.).

Each of the cards depicts a scenario to be acted out by the group. According to Jennings, any drama therapy or social skills group can benefit from this special resource. "The cards can be used with children, young people, and adults in formal or informal settings, schools, residential settings, special education settings, and forensic settings," says Jennings.

The entire set of Role Play Cards includes three scenarios – the supermarket, the doctor's office, and the Oriental market (i.e., foreign marketplace) – with seven cards per scenario. Each card's scenario contains a situation in which certain communication and social interaction skills must be utilized and decisions about proper behavior must be made.

For example, in the scenario of "The Supermarket," group members are given the opportunity to practice interacting in a public setting as different "characters," such as an elderly person, a person in a hurry, a cashier, or a store detective. The introduction card to this activity reads, "The purpose of this scene is to develop real-life encounters that can present difficulties for people in an environment that is very public and can often be unexpected. It can be used for teaching new skills as well as re-experiencing a situation to be managed more effectively." The cards for this scene include practice walking around the "store" and greeting people, as well as practice speaking, listening, negotiating, asserting oneself, and disagreeing with another. The instructions encourage participants to practice the scene more than once, acting as different characters each time, in order to experience the situation from different points of view.

Jennings emphasizes that her Role Play Cards are just a tool for facilitating a drama therapy session. "A typical session [with the cards]," she says, "would be goal-oriented, and the participants would be involved in the discussion that set these goals. Then the session would proceed like any other in terms of a physical warm-up, working with the cards, and then debriefing and grounding." The cards provide a structure for the session; therapists who are new to the practice of drama therapy may find these cards a helpful resource for easing into drama therapy work. However, Jennings cautions against using the cards without at least some background in drama therapy theory: "Ideally, [therapists] would enhance their practice with training workshops rather than only buying the cards. However, the instructions are very clear so that



people can apply them within the context of how their practices already work. I would not expect people with no experience with action methods or drama to use these cards." Also, it should be noted that the cards are written with British terminology, so readers should be aware that they will discover on the cards phrases like "doctor's surgery" for doctor's office, "corn flakes packets" for corn flakes boxes, and "trolley" for shopping cart.

Jennings is a state registered drama therapist, trained play therapist, and professional actor who has pioneered the integration of theatre and performance skills in education and therapeutic work in many countries. She has written, co-authored, and edited more than 15 books on the subject of drama therapy, and she runs workshops and training courses on aspects of drama therapy. Jennings can be contacted through her Web site, www.dramatherapy.net, for more information about training opportunities.

To order a set of Role Play Cards or to learn more about Speechmark's other publications, please contact:

Speechmark Publications
TheraStore
5050 South Federal Blvd #36
Englewood, CO 80110
Phone: 303-738-3200
Fax: 303-738-0200

BEST COPY AVAILABLE

Terrorism, trauma, and children: What can we do?

By Linda Goldman

> *"I never knew grief could feel so much like fear."*
>
> —C.S. LEWIS

On September 11, 2001, our children, either directly or vicariously, witnessed the terrorist assault upon our nation, watching over and over again as fanatics crashed American planes into the World Trade Center, the Pentagon, and the fields of Pennsylvania. Our young people witnessed adults running frantically out of control, jumping blindly out of windows, screaming, crying, and appearing bewildered – through black smoke-filled skies and burning buildings – as an insidious and non-locatable enemy emerged to wreak pandemonium and panic upon their lives. The media acted as a surrogate parent and extended family *before* this horrific event, and shared with our children *during* this event visually, aurally, and viscerally. These were sounds and images so graphic that they will forever be imprinted upon their psyche and ours. This unprecedented horror is now a traumatic overlay, potentially triggering all of the pre-existing grief-related issues that our children were carrying before September 11.

Death-related tragedies involving suicide, homicide, and AIDS, and non-death-related traumas such as bullying and victimization, divorce and separation, foster care and abandonment, violence and abuse, drugs and alcohol, and sexuality and gender identification had left many youth living their lives with overwhelmed feelings and distracted thoughts. After September 11, these issues still prevail, infused with the paradigm of terrorism, war, biological destruction, and nuclear annihilation – ideas that are entirely new for our children, for whom "war" is part of a history lesson. In the adult world our children look to for security and comfort, they now see or sense a world of terror, panic, and anxiety, with too many questions and too few answers about their future.

Children processing their grief and trauma may not necessarily progress in a linear way through typical grief phases. The four phases of grief are shock and disbelief, searching and yearning, disorganization and despair, and rebuilding and healing (*Life and Loss*, 2002). These phases may surface and resurface in varying order, intensity, and duration. Grief and trauma work can be messy, with waves of feelings and thoughts flowing through children when they least expect them to come. Kids can be unsuspectingly hit with "grief and trauma bullets" in the car listening to a song or the news, seeing or hearing an airplane overhead, or watching the video of the New York devastation or the

Pentagon crash. A fireman's siren, a jet fighter, a soldier in military uniform, a letter in the mailbox, or a balloon bursting can trigger sudden intense feelings without any warning.

Children's voices

Children's reactions to terrorism, war, anthrax, and the perceived loss of safety and protection provide a window into their psyches and help suggest ways the adults around them can help. Our ability to listen to questions, thoughts, and feelings is paramount in creating a safe zone for our children to process these life-changing times.

Children normally assume they live in a friendly, safe, and caring world. The terrorist attacks of September 11 amplified the pre-existing signs that their world is unprotected, scary, and contains an uncertain future. This deepened loss of the assumptive world of safety for our children creates a new set of voices that all parents, educators, and health professionals must heed.

Five-year-old Tommy, after sitting and listening to his Mom's careful explanation about the terrorist attack, explained why he was really upset about the terrorism: "This is a real tragedy, because I kept searching and searching all day and couldn't find any of my cartoons on TV."

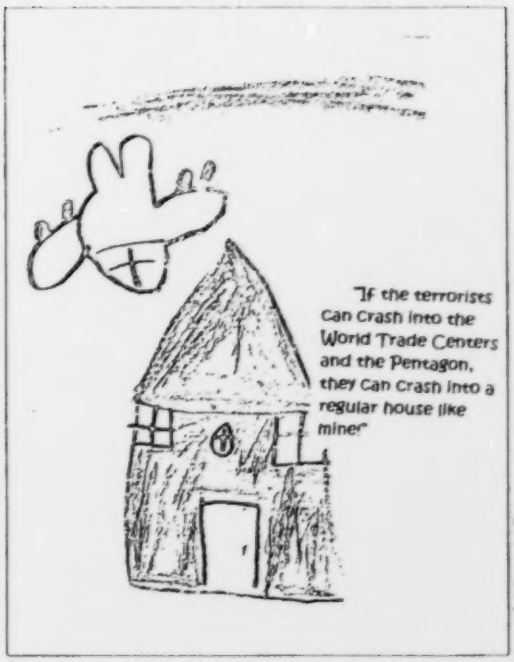
Talking to children about terrorism, trauma, and war

One question weighing heavily on the minds of parents, educators, and mental health professionals is "How do we talk to our children about war, terrorism, prejudice, biochemical attack, and nuclear destruction?"

Sometimes it may help to ask children if they have been "thinking about world events" and if they are, open a dialogue. Some children don't want to talk about it. Some live in fear they will be killed, others say there is nothing to worry about. Some may want to know the facts; therefore we need to choose words that will help them understand what is happening around them. Because so many of us feel "it's just too big," we need to be able to discuss each piece of this huge experience a little at a time. The following are examples of definitions helpful to initiate dialogue with children.

Terrorism *is an act or acts of violence, abuse, murder, or devastation against unsuspecting people and countries by a person or group of people that believe their cause is more important than human life or property. Their feeling of "being right" is sometimes more important to them than their own lives. Terrorists can be big or small, black or white, or any color, American or foreign. Their goal is to create terror, disruption, and vulnerability.*

Trauma *is an experience that can be scary and difficult. It may create feelings of fear, anger, rage, and revenge. A trauma can be a death of someone close to us, caused by a car accident or a terrorist bombing. It can also be from knowing something scary that happened on TV, or to someone we know, or even to a stranger we see on a news video.*



Darian, age 6, illustrates his fear for his own safety after September 11.

Creating dialogues

When creating dialogues with children, use accurate, real, and age-appropriate language, avoiding clichés or denial of their experience. Concentrate on giving the facts, and keep responses to questions simple and age-appropriate. This helps adults follow the lead of children as to how much information they choose to take in. Especially with young children, minimize the scope of the tragedy, without contemplating with them what did or may happen.

Keeping explanations developmentally appropriate allows children to process this experience at their own level. Young elementary school children need simple information balanced with reassurance that trustworthy adults are bringing stability to their day-to-day life. Middle school children may seek out more facts and want to know more about what is being done to keep them safe and healthy at home, school, and in the community. High school students may outspokenly voice opinions about what happened and why, and may need to develop ways to combat terrorism, rationalize war, and prevent world annihilation. (Adapted from National Association of School Psychologists, NASP, www.nasponline.org.)

Telling children the truth in an age-appropriate way is very important. They often have a conscious or unconscious knowledge of events happening around them and can sense the impact of the terrorist trauma on the adult world. One mom shared just such an experience in the car with her four-year-old son, Andy. She was "sneaking" a listen to the news on the day of the attack. As the reporter began talking about the destruction of the World Trade Center, she quickly turned it off so Andy couldn't hear.

(Continued)

Andy immediately explained his level of awareness: "Mommy, they are talking about the plane crash that blew up buildings today."

He just knew about it. If Andy had then been told his experience wasn't real, he may have begun to doubt himself and/or the adult world and question his mother's truthfulness. If Andy felt his mom was hiding the truth about what happened, he might worry more, thinking his mom was too afraid to tell him what really happened. Either way, Andy may have another loss – the loss of the trust in the adult world. Teachable moments for all children can evolve with teachers and parents on subjects such as bullying, violence, prejudice, sexual discrimination, and conflict resolution.

It's OK to let children know you are upset and worried too. Using mature modeling of this upset and worry can create examples for children to follow. It's often hard for them to reconcile a message of "Don't worry; everything is fine" with the enormity of anxiety they may feel coming from the adult world. Find out what they may know about the traumatic event, remembering that they may process what they see and hear inaccurately. Search for faulty perceptions and replace these with simple truths. Young children usually worry about their immediate environment, their family and friends and pets, and their ongoing day-to-day routine. Kids may worry something will happen to their dog, their home, or their friend.

Prepare children for dialogue

Reassure children that what they are feeling is very common. Emphasize to them that adults are feeling the same things that they are. Remind them that everyone has different ways of showing their feelings and that is OK. Restore confidence by reassuring them that problems are being handled, people who were hurt are being cared for, buildings are being cleared, and that things are getting a little better each day.

Helping our children grieve can only help the grieving child in each one of us.

Mature modeling guides children to create responsible ways to be helpful during the crisis. Emphasize ways that adults can help. Parents can volunteer to give blood, food, time, and money. Relief agencies such as the Red Cross issued appeals for help. Contributions of needed goods and family money can be taken to needed areas. Children can be included in planning ways families can help and joining in delivering food and clothing. Families and schools may want to join together in saying a prayer for the victims that were attacked, for their families, and for world leaders to bring about peace.

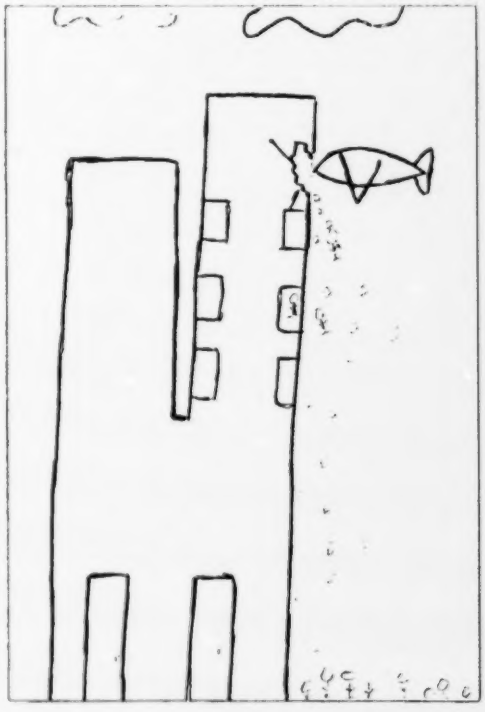
Accept children's reactions

While there are several commonly seen reactions to trauma in children, these reactions range widely. Some children will listen to your explanation and then go out to play. Others will want to stay near you and talk about it for a length of time, or maybe ask you to drive them to school instead of taking the bus. Still others may be angry that adults can't immediately fix the problem.

Children can use many activities to safely tell their story. Props like firefighter and police hats, doctor kits, toy soldiers, and hand puppets can be used to reenact the tragedy and war. Toys, puppets, art, clay modeling, collage, letter writing, journaling, and other projective play can be used for role-play and expression of emotions. Positive visualizations and breathing exercises can help kids to relax.

Activities to help children participate in world events

Children can create rituals that allow commemoration and avenues to voice feelings. Lighting candles, planting flowers, writing letters, raising money for victims, or saying prayers for survivors or world peace allow children to be recognized mourners. Thirteen-year-old Helen lived in a New Jersey community where many families, especially those of firefighters and police, had been deeply affected by the World Trade Center disaster. "Let's make brownies," she told her younger brother and sister, "and sell them to raise money for the firefighters. Everybody likes brownies."



With this recreation of the World Trade Center destruction, 13-year-old Tiara illustrates her grief over the horrific footage she viewed on TV.

Communities can involve children in participating in fundraisers for the survivors of terrorist attacks. Making patriotic pins and selling them to raise money to help victims and survivors, creating Web sites for world peace, or having a poster contest at school on "What We Can Do to Feel Safe" are ways to give children back a sense of control and participation in their own lives.

What kids can do about terrorism

1. Talk about their feelings. Allow children ways to tell their story as much as they need to. Draw pictures, create poems, write letters, or offer suggestions about ways to help.

2. Make a fear box. Cut out pictures from newspapers and magazines about what frightens them and paste these around the box. Write down their fears and put them inside.

3. Create a worry list. Make a list of worries from 1 to 5; number 1 is the biggest. Suggest that children talk about this list with someone they trust, like their mom or dad, their sister or brother, their guidance counselor, or a good friend.

4. Put together a "peaceful box." Ask kids to find toys, stuffed animals, and pictures that make them feel safe and peaceful, and keep these items in the box.

5. Help others. Help boys and girls give food or clothing to people who need it. Suggest that the family donate money to a good cause, like the Red Cross, the fund for victims and survivors of terrorist action, or the children in Afghanistan.

6. Display an American flag and create an original global flag. Children can place these flags together outside their house to remind everyone of their support for their country and their hope for world peace.

7. As a family, say a nightly prayer and light a candle for world peace.

Helping our children grieve

We are now a nation and a world of grieving, traumatized children, and the terror of bullying lives inside most of us on this planet and threateningly looms over our everyday life. Our children fear terrorism from foreign strangers and bullying from well-known classmates, siblings, and adult figures. If we can help our kids to see the relationship between terrorist attacks, bullying behaviors, and issues of power and control, we can begin rooting out the behaviors that create oppression, prejudice, misguided rage, and destruction of people and property as a justification for a cause or self-serving purpose.

Responsible adults need to help children cope with trauma and loss and grief from the terrorists outside their country and the bullying within their homes, schools, and community. Providing information, understanding, and skills on these essential issues may well aid them in becoming more compassionate, caring human beings and thereby increase their chances of living in a future world of inner and outer peace.

When the crisis interventions have passed, we will need extensive training in schools and universities to prepare to work with kids in the context of a new paradigm of trauma and grief. Educators, parents, health professionals, and all caring adults must become advocates in creating understanding and procedures to work with our children facing a present and future so different from their past. Our task is to help our children stay connected to their feelings during the continuing trauma of terrorism and war.

The terrorist attack has transformed us all into a a global community joining together to re-instill protection and a sense of safety for America and for the world. Helping our children grieve can only help the grieving child in each one of us.

Read more about children and complicated grief issues in Linda Goldman's book Breaking the Silence: A Guide to Help Children With Complicated Grief/Suicide, Homicide, AIDS, Violence, and Abuse *(Taylor and Francis, 2002). To contact Linda Goldman, e-mail her at lgold@erols.com or visit her Web site at www.erols.com/lgold.*

Healing High Fives request for resources

The editorial staff at *Healing* magazine is always looking for new books, Web sites, and other resources to highlight as *Healing* High Fives (see page 27). Any resources that are useful to children's mental health professionals, parents, and educators would be appreciated. Please send your suggestions to healing@kidspeace.org or to *Healing* magazine, KidsPeace Creative Services, 4125 Independence Drive, Suite 4, Schnecksville, PA 18078.

"I'll be back in 20 minutes," 12-year-old Laura Smither announced to her mother as she headed out for a quick jog before breakfast on the morning of April 3, 1997.

That was the last time Gay Smither saw her daughter alive . . .

A member of the Houston Ballet Academy, Laura wanted to start jogging to improve her cardiovascular health. "She hated running," says her mother, Gay, "but she was very motivated and wanted to improve her stamina for ballet." Occasionally, Laura would run with her dad, Bob Smither, but on this particular day, she ventured out alone for the very first time.

Laura left the house around 9 a.m. "When she didn't return by 9:30 a.m., I was immediately concerned," says Bob. "Laura was very responsible about letting us know where she was, who she would be with, and when she'd be back. It was not like her to be late like this."

When a search turned up nothing along Laura's usual route, the Smithers, their 9-year-old son David, and a client of Bob's who assisted them returned home at 9:50 a.m. and notified the police. Within hours, a massive search by police, friends, and community volunteers was under way. Flyers were distributed and members of community churches were asked to pray. Seventeen days later, Laura's body was recovered from a retention pond 20 miles from her home.

In 1999, Gay and Bob filed an unlawful death suit against the prime suspect and were awarded more than $100 million in punitive damages. The perpetrator is currently serving 60 years for an unrelated aggravated kidnapping charge.

The Smithers still grieve and struggle to cope with the toll Laura's death has taken on their lives. They describe Laura as bright, energetic, loving, motivated, compassionate, observant, and always cautious. "Everyone loved Laura," says Gay. "We live in a small community, a neighborhood where everyone knows everyone else. We never imagined that anything like this could happen in Friendswood, Texas. We always felt safe, never threatened by this sort of thing. We thought Laura was safe. It wasn't so."

Feeling safe vs. being safe

Ernie Allen, cofounder and president of the National Center for Missing and Exploited Children (NCMEC) in Arlington, Virginia, recognizes this false sense of security felt by many parents. "Contributing to this perception is the fact that in recent years Americans have believed that younger children are the most frequent victims of personal, violent, or sexual crime," reports Allen. "The truth is that young children are not the most common victims of abduction and exploitation – teenagers are, particularly teenage girls, ages 12 to 19." Allen adds, "By the time a child reaches 11 or 12 years of age, most parents feel that their children are 'safe,' that they are prepared enough to fend for themselves, and that they have enough common sense to recognize and stay away from dangerous situations. In the comfort of their own neighborhoods, they don't feel threatened."

Recent statistics illustrate the need to educate teenagers about how to recognize and avoid dangerous situations:

1. In the United States, a rape is reported about once every 5.8 minutes. [Source: *FBI Uniform Crime Report, 2000.*]

2. In a study conducted by the Department of Justice and the Centers for Disease Control and Prevention, researchers found that of 8,000 women interviewed, one in

"Know the Rules" of S your teens from dang

six women had experienced an attempted rape or a completed rape.

At the time they were attacked:
22% were under the age of 12
54% were under the age of 18
83% were under the age of 25
[Source: *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, D.C.: U.S. Department of Justice, 2000.]

3. "In a study of 635 high school students, less than three percent of those suffering violence reported it to an authority figure; only six percent told a family member." [Quoted from: Molidor C., Tolman R. M. (1998). "Gender and contextual factors in adolescent dating violence." *Violence Against Women*, 4, 180-194.]

4. Data collected from law enforcement agencies in 12 states over a five-year period revealed that 93% of sexual assault victims under age 17 knew the offender, while 73% of victims over the age of 17 had a previous or current relationship with the offender. [Source: *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics*. Washington, D.C.: U.S. Department of Justice, 2000.]

"Know the Rules"

Tragedies like Laura Smither's are the impetus for "Know the Rules" – a campaign targeted at teenage girls, the most frequently victimized segment of the population. In January 1998, the NCMEC partnered with Channel 1, a leading provider of television news to secondary schools throughout the United States, and the Outdoor Advertising Association of America (OAAA) to spread the word. Allen says they all worked together to create a message relevant to the intended audience – teenage girls – and present it in a format that this generation of kids can understand. "Know the Rules" broadcast a public service announcement, produced like an MTV-style video, into schools nationwide. The announcement contains powerful statements from confident young girls like "I am smarter than someone who wants to steal me from my family," "I am stronger than a 250-pound child molester," and "My words can stop someone from hurting me." The NCMEC also placed "Know the Rules" billboards around the country and printed and distributed informational brochures to reinforce the campaign.

"It is all about empowerment," Allen explains. "NCMEC's mission has always been to find missing children and to prevent victimization of children by perpetrators outside the child's own family. The intent of 'Know the Rules' is to empower teenage girls to protect themselves against victimization by using their heads – by being alert, following their instincts, and knowing the rules," Allen notes. "Many kids already know the rules, but really *getting* them is what matters most. Teenage girls must understand the risks they face and use their heads when it comes to safety. They will have more power to protect themselves if they 'Know the Rules':

- Never go out alone – consciously plan ahead to take a friend.
- Always tell an adult where you are going.
- Say no if you feel threatened, and then tell an adult you trust.
- Avoid situations or places that make you feel uncomfortable, scared, or confused."

Even though the rules sound rather basic, Allen says teenagers still remain vulnerable. "Teenagers are fearless. They possess that incredible sense of immortality, and they believe that victimization happens to *other* kids – not them. Often, they believe they are too smart or think themselves too big to be victimized," he explains.

Turning the tables

The statistics paint a truer picture of what is really happening, but Allen hopes that "Know the Rules" will begin to turn the tables on those who prey on young girls. Says Allen: "I would like to see the rules become as second nature to teenage girls as looking both ways before crossing the street." He also emphasizes the importance of parents' reinforcement and continued participation in educating their daughters about safety. "The single, most important thing a parent can do is keep the lines of communication open with their kids. Keep *talking*, and keep *listening*," he urges. "The benefits may not be immediately evident, but in the long run, they will be enormously beneficial."

To learn more about "Know the Rules" or to order copies of the "Know the Rules" brochures, call the National Center for Missing and Exploited Children hotline at 1-800-THE-LOST or 1-800-843-5678. You can also visit the NCMEC Web site at www.missingkids.com.

For more information, visit the Laura Recovery Center, established in memory of Laura and to honor the thousands of volunteers who searched for her, at www.lrcfoundation.org or www.lrcf.net. This Web site contains a manual, put together by the community of Friendsworth, Texas, on how to search for a mission person.

afeguarding
er

By Lois A. Weber

Battling childhood obesity

By Ginger Jackson

One in four children is either overweight or at risk of becoming overweight, according to the American Dietetic Association (ADA), which, in a commitment to confront obesity, has developed the "Healthy Weight for Kids Initiative." According to an article in the *Journal of the American Medical Association* dated December 12, 2001, an epidemic increase in childhood obesity shows that treatment strategies are required to increase physical activity and encourage healthy eating patterns among children.

Surgeon General David Satcher's 2001 "Call to Action to Decrease and Prevent Overweight and Obesity" notes that, in 1999, 13 percent of children and adolescents were overweight. Since 1980, obesity in adolescents has tripled, creating a widespread cause for alarm. The report outlines strategies to combat these trends, including a physical education requirement in schools, healthier food options in school cafeterias, and accessible recreational facilities.

The ADA has taken a leading role by funding scientific research to track obesity in America. While this research is directed toward treatment and prevention, the behavioral and biological causes of obesity continue to baffle those seeking a cure. Educating health care providers to focus on the prevention of obesity across one's life span is the targeted goal. This means changing the way society as a whole views food and exercise. The American Heart Association (AMA) couldn't agree more. In a study announced at the AMA's 71st Scientific Session, Johns Hopkins found that more than half of a group of approximately 300 children surveyed consumed too much fat in their daily calories. The conclusion of the study recommended teaching children that a healthy lifestyle should be a priority for improving community health and reducing heart disease. Experts agree that preventing and treating obesity in children will help prevent cardiovascular disease in adulthood.

Targeting obesity early, at home

The problem of obesity begins in childhood. Researchers from the University of Florida's Colleges of Nursing and Medicine conducted a study that corroborated this theory. They found that 32 percent of children in north central Florida Head Start

programs were overweight. Most children in the government-sponsored preschool program were from low-income families, which prompted the study to conclude that children at or below the poverty line may suffer from malnutrition.

Addressing the issue of a healthy lifestyle begins at home. Parents are their children's role models for learning proper eating and exercise habits. However, making the change to a healthy lifestyle can also result in causing a bigger weight problem. Treating obesity in children is as difficult as treating an adult. If Dad buys doughnuts for breakfast on Sunday morning, and Mom makes quick and easy meals like toaster pastries before she heads off to the office during the week, expecting kids to have healthy eating habits could cause a rebellion. The same is true for the couch potato family. If normal entertainment in a child's home is watching television or playing video games on the computer, introducing exercise might prompt deserter tactics.

Still, many parents know when their child has a weight problem, so they resort to diet-control techniques they would use on themselves. In most cases, as with adults, diet techniques don't last long. According to Eva Pickett, Certified Fitness Trainer and Nutrition Consultant at the 24 Hour Fitness Club in Littleton, Colorado, "I don't use the word 'diet.' The word denotes deprivation, and if the child feels deprived of food, just like an adult, the diet won't last. Worse yet, a child encouraged to diet will not obtain the necessary nutrients required for normal growth and development and will limit their growth through dieting. The dilemma is a double-edged sword. If a parent calls too much attention to the child with a weight problem, psychological scars can lead to eating disorders. When a child feels deprived, getting snack foods from his best friend's mom can cause the dieting yo-yo effect, as well as other issues like sneaking and hiding food, feeling like a failure, and developing a low self-esteem. Parents need only focus on a healthy and nutritious food plan." When a parent has tried everything they know how to do and their plans fail, where do they turn?

The first place parents should turn is to their family physician. A child's pediatrician can give expert advice on weight-to-height ratios, food-moderating techniques, and appropriate levels of exercise for children.

If the pediatrician determines that the child has a weight problem, parents need to make healthy food and exercise a family priority. If the whole family is involved, then the child feels supported, instead of singled out. To include exercise, Pickett recommends "getting the family involved in a game of volleyball or a sack race where everyone can laugh at themselves falling over each other. Encouraging activity and sports at school or in other organizations is also a great idea. The goal is to make physical activity fun for the child and not a chore."

Eating smarter

Of course, healthy eating is not easy to maintain. The bombardment by the well-oiled, heavily advertised food industry on television is a huge influence on what we put in our mouths. According to Marion Nestle, professor and chairwoman of the department of nutrition and food studies at New York University, approximately thirty billion dollars are annually spent on advertising and promotion for healthy – and unhealthy – foods and beverages. When it comes to eating right, Pickett provides healthy choices for her eleven-year-old son, John. These choices include cucumber slices, whole wheat crackers, fresh and dried fruits, and a very limited choice of junk snacks. "If I refused to let John have chocolate, then he might feel deprived or singled out because his friends can have chocolate. If I give him

(Continued)

According to Marion Nestle, professor and chairwoman of the department of nutrition and food studies at New York University, approximately thirty billion dollars are annually spent on advertising and promotion for healthy – and unhealthy – foods and beverages.

the power to decide for himself and praise him for choosing carrots over M&M's, he'll eventually learn to eat more of what is healthy and less of what is not. But, John also sees me choose the carrots over the M&M's. Parents need to encourage their children to eat slowly, enjoy their food, and stop eating when they're full, offer appropriate serving sizes and never force children to clear their plates."

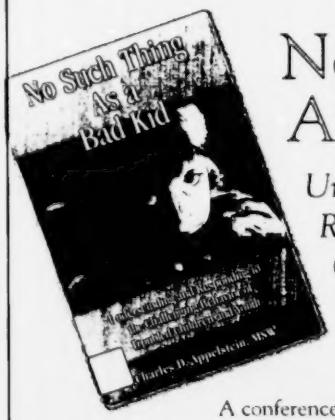
The role of genetics

Genetically, if one or both parents are obese, the child's tendency toward obesity increases. If neither parent is overweight, but the child has not learned healthy eating and exercising habits by the time he or she reaches adulthood, then stress can ultimately induce obesity. For adults, food can become a crutch, an emotional addiction. On the other hand, if a child has learned to eat in moderation, to eat less junk food and more fruits and vegetables, and to regularly play sports like soccer or tennis, a child's tendency to handle stress as an adult will probably not include overeating.

Resources for helping kids get healthy

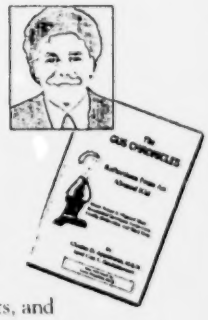
Much is being done to help children establish healthy eating and exercising habits. The children's fitness center has become the latest fad across the country. If it's not a specialized center for children, it's a separate unit from the adult gym, or a developed exercise program for children within a certain age range. Diet centers for youth with a focus on children's self-esteem have also become popular. Ken Germano, Executive Director for the American Council on Exercise (ACE), established Operation FitKids, a nonprofit foundation that establishes and equips fitness centers for children without access to exercise facilities. Since its inception more than a decade ago, Operation FitKids has brought exercise to more than 500,000 youth nationwide. Information on Operation FitKids can be found at www.acefitness.org. Stretch-n-Grow, a fitness program for children ages 2 through 12, tries to get kids hooked on exercise by making it fun. Stretch-n-Grow, based in Plano, Texas, offers training to potential affiliates nationwide. The program focuses on age-appropriate exercises to increase flexibility, strength, and motor skills. To learn more about Stretch-n-Grow, visit www.stretch-n-grow.com.

There are also camps for dieting children. Camp Shane weight loss camp, accredited by the American Camping Association (ACA), is a facility equipped with camp activities, nutrition education, cooking classes, fitness training, emotional support, and weight maintenance. The camp is pricey depending on length of stay. For more information, visit www.campshane.com.



No Such Thing As a Bad Kid

Understanding and Responding to Troubled Children and Youth



May 14, 2002
Orefield, PA

A conference for social workers, teachers, parents, and other children's professionals
presented by Charles D. Appelstein, MSW
in coordination with the KidsPeace Institute and the Organizational Development and Training Department

Charles D. Appelstein, MSW, a nationally renowned consultant, trainer, and author on the subject of child-care, has garnered wide acclaim for his books, *No Such Thing As a Bad Kid: Understanding and Responding to the Challenging Behavior of Troubled Children and Youth* and *The Gus Chronicles: Reflections From An Abused Kid*. In this presentation, Appelstein shares insight on how to build kids' self-esteem, prevent misbehavior, effectively use behavioral management strategies, and communicate with challenging youth.

Time: 8:30 a.m. – 4:30 p.m.
Registration and continental breakfast begin at 8 a.m.
Place: KidsPeace Donley Therapeutic Education Center
Orefield, Pennsylvania
Cost: $99 per person.
To Register: Please call 610-799-8195.
Ask about group discount information.
Six CEU/CE credits available for eligible participants.

"I never thought of myself as someone to look up to ..."

Summer mentor program teaches kids confidence and responsibility

By Tiffany A. Fisk

"Few things help an individual more than to place responsibility upon him, and to let him know you trust him."

— Booker T. Washington, educator and orator

The truth in Booker T. Washington's statement was proven when the Berks County Campus of KidsPeace National Centers of Pennsylvania decided to make a slight, yet significant change in their summer treatment program.

The Berks County Campus of KidsPeace fulfills the KidsPeace mission – to give kids confidence to overcome crisis – by ensuring that all children at risk of developing serious emotional, social, and behavioral disturbances receive the least restrictive and most comprehensive mental health care support available. Services are provided to children and their families in their own homes and neighborhood schools.

The summer treatment program differs from the other Berks Campus programs in that it doesn't contain an academic component. The focus is strictly mental health treatment. The program is designed for children between the ages of 4 and 12 who would benefit from a structured, therapeutic activity program for nine weeks during the summer months. Therapeutic activities, such as swimming, music, and arts and crafts, are led by trained staff and focus on treatment goals to improve behavior.

This is where the change in the program comes in. Staff noticed that with past summer programs, fewer and fewer adolescents were signing up. Mark Otis, clinical supervisor, had an idea. While staff led the activities last summer, a select group of adolescents enrolled in the Berks Program had the opportunity for the first time to participate not as clients, but as mentors. "The mentor program started by looking at what age group stopped coming to the summer program," says Otis. "Parents were concerned about what their teenagers were doing over the summer. This opportunity keeps them off the streets and they get to work as a counselors' assistants." Says Joe Conway, director of the Berks Campus, "This is a way for them to be involved in their own treatment without even realizing it, as well as to participate in the treatment of other kids."

By participating as a mentor, clients have a chance to realize what they are capable of from a humanitarian point of view. "I didn't even think that I was cut out for the job," says fifteen-year-old Alexia P., who used her own experiences to connect with the younger children. "I was able to build a positive relationship with some of the kids because they were going through what I went through ... and I wanted to let them know that they weren't alone."

Becoming a mentor

How are the students selected to be mentors? Once they have reached a high level in their treatment, interested students are given an application to complete. In one question, they were asked to "define a mentor." Staff also recommended certain students for mentoring positions. Potential mentors were nominated by staff based on their clinical need and their ability. The students were evaluated and the staff

(Continued)

"If it weren't for my mentor, I don't know where I'd be right now."

— Eric T., student

made their selections: sixteen students were chosen to mentor the younger clients. "My role was to be someone for them [the younger clients] to look up to and to trust," says Eric T., a student enrolled in the program.

The newly appointed mentors then participated in three days of orientation and teambuilding exercises, which included completing the KidsPeace Challenge Ropes Course. (See Spring/Summer '98 *Healing* for a feature article on the course.) The ropes course helps clients work through various treatment issues and also helps them learn to trust themselves and teach others, thus strengthening their ability to work as a team.

During their orientation, mentors were also informed of their responsibilities and were assigned to the staff members they would be assisting throughout the summer. Full participation was a key responsibility of the mentors. Since mentors were considered a subdivision of the program staff, their good behavior was a critical component of the job. Staff implemented the "three strikes and you're out" rule: if an incident occurred, staff determined whether or not the behavior warranted a strike.

Additional benefits

An added incentive for the mentors was a pay rate of $10 per day – $50 per week if they had perfect attendance. Salaries were funded through a grant awarded to the program. Paying the mentors was seen as part of the behavior modification system: participants received a reward for good behavior. If money that staff designated for mentors salaries wasn't used by the end of a pay period, it was used in another aspect of the program.

A salary was not only an incentive, but also a money-managing tool. While some students spent their money just as quickly as they earned it, others saved it to help their families. Regardless of what they did with their money, it was an opportunity for the students to learn the value of a dollar.

Helping the younger clients with problems and acting as a link between the staff and the children were two essential responsibilities. "I really enjoyed working with the younger kids, but it was weird being considered staff with the counselors," says Susan W., who learned that she has the ability to connect with the younger children. "It feels good when someone else looks up to you," she says. Eric agrees: "I never actually thought of myself as someone to look up to. ... As a kid, I was an outcast; now I can approach the outcasts and help them."

Staff and mentors working together

Of course, the kids weren't the only ones working; the staff of the Berks Campus was essential to the success of the summer program. Conway credits Chris Ferry with the success of the addition of the mentors to the summer program. Ferry is a graduate student at Kutztown University in Kutztown, Pennsylvania, working on a Master's Degree in Agency Counseling, and is a mental health worker at the Berks Campus. "Chris Ferry was instrumental in working with the mentors," says Conway. The mentors would have to agree. "Chris is not only my *counselor*, but also my *mentor*," says Eric. "If it weren't for Chris, I don't know where I'd be right now."

Ferry notes that the student mentors are key to the success of the program. "Feedback from the other staff was positive," he says, regarding a follow-up survey he conducted. "The younger kids also responded well to the mentors. They want to know when they can be mentors."

Applying the Model of Care

Of course, an important part of any KidsPeace program is the implementation of the core principles of the KidsPeace Model of Care: Dignity, Character, Empowerment, Relationships and Belonging, Safety, and Transformation. The Model of Care is designed to encourage a process of life-long learning for kids, to help kids value themselves, to find a vision for their future, and to think, act, and make the most of every opportunity.

Younger children enrolled in the summer program, as well as mentors, developed these elements of their characters through their participation. Stronger relationships were built between mentors and staff as well as between mentors and younger students, fostering a stronger sense of belonging. When the mentors were given responsibility and they realized that they could successfully do their jobs, they felt empowered. As they earned the respect of the younger students, the mentors felt a sense of dignity, thus transforming them into stronger young adults, better fit to overcome crisis.

Staff at the Berks Campus agree that the mentor component is a welcome addition to the summer program. The mentors are also looking forward to this summer's program, which will begin in June. "I love spending time with the kids," says Alexia. "I want to work with them again next summer." Eric sees the opportunity through a different perspective: "This school has given so much to me. It would only be right to give something back."

For more information, please contact Judith A. Summons, Summer Program Coordinator

Phone: 610-929-4670
E-mail: ctolland@kidspeace.org

Or write to:

"Summer Only" Treatment Program
Wilson Sarig Building
8th Avenue and Hay Streets
Temple, PA 19560

Teens are speaking. TeenCentral.Net is listening and responding.

By Miriam H. DiBiase

Across the nation, guidance counselors, social workers, therapists, and other mental health professionals saw a marked increase in demand for their services after September 11, 2001. TeenCentral.Net, an innovative, interactive Web site for teens, also felt a wave of this demand. The site immediately received stories from teens needing advice, comfort, and assurance – and this unique Web site met the need head-on.

At TeenCentral.Net, teens log on to tell their stories and to get advice from trained counselors and other teens. Teens can access a database of approximately 68,000 entries on a multitude of topics, from sex and drugs to friendships and career advice. In the spring of 2000, *Healing* magazine reported that more than 6,000 teens were registered at TeenCentral.Net, the then-new online resource from KidsPeace. Today, the site has more than 350,000 registered users. So when tragedy hit our nation in September, TeenCentral.Net had a brand-new issue to address, and a lot more stories to answer.

How a story gets published

When a teen submits his or her story to the site, a trained counselor first reviews it for grammar and spelling. To ensure that the anonymity of the teen is preserved, all identifying names or locations are removed. The counselor then responds to the story, giving suggestions for further thought on the topic, or for possible action. After all of this, the story and the counselor's responses are thoroughly reviewed by a Master's-level or Master's-level-equivalent administrator to ensure appropriateness, and the story is posted on the site. The entire process takes no more than 24 hours.

After a story is posted on the site, other teens can read it and respond to it, giving their advice on the topic or sharing a similar experience and how they got through it. These responses are subject to the same treatment a story gets.

kisses15:

This attack has hurt the whole nation, and I'm not sure how to deal right now. Every time I think about what has happened I just start crying, but I am angry at the fact that my uncle and others had to die because some stupid people wanted to prove a point to the United States. It wasn't fair.

TeenCentral.Net:

· Most people don't know how to deal with what has happened. There seems to be no justice and no logic to killing innocent people.
This is a time when you talk to your parents, friends, teachers, religious leaders, and come together – not isolate yourself in grief and anger.

MiSsiNDaDdY:

I have been really upset lately; my dad was killed in the World Trade Center on Sept. 11. It was horrible. I mean, I can't even explain to you how I feel and what I felt when I watched that happen. I keep thinking, somewhere under all that rubble and mess lies my dad, dead. I am just so confused; how could he be gone all of the sudden? How?

TeenCentral.Net:

· How horrible this tragedy has been, especially for those of you who have lost a loved one.

There is no way to understand why this terrible thing had to happen. It makes no sense.

You might try checking the newspaper for support groups or counseling sessions. Talking about it usually helps with the pain.
All of us here at TeenCentral.Net are very sorry for your loss.

Responding to 9-11

On the morning of September 11, when they heard that the World Trade Center had been attacked, Ginger Papp and Julius Licata – Managers of Internet Services at KidsPeace and co-administrators of TeenCentral.Net – knew immediately that TeenCentral.Net would be seeing an increase in submissions. With the subsequent plane crashes and the growing turmoil and uncertainty around the world, Papp and

(Continued)

Licata put TeenCentral.Net into high gear. "Our daily limit is usually 90 stories," says Licata, "but beginning the morning of September 11, we decided to lift the story cap and allow an unlimited number of stories. Stories about world events were given priority; we responded to those first."

Counselors worked around the clock to edit and respond to all stories within 24 hours. According to Licata, no additional training was given to counselors, because "the initial and ongoing training they receive is viable for any situation" – including homeland terrorism. Also, this wasn't the first time TeenCentral.Net has had to respond to issues of senseless violence and loss. "Over the course of several years," says Papp, "we have responded to the Columbine tragedy, to numerous school shootings, and to kids with problems like AIDS, cancer, accidents, and family deaths. Our counselors can handle questions on any topic."

And they received questions on hundreds of topics. Teens' stories dealt with losing family members or friends in the attacks, strong or ambivalent feelings about going to war, anger at people of the Muslim faith or of Arabic descent, how to deal with "everyday" problems in addition to the tragedies, and numerous other topics. "TeenCentral.Net posted a new front page that day, expressing our sorrow about the tragedies and encouraging people to talk about what happened and to get help," says Papp.

The site continued to accept an unlimited number of stories until December. "Around Thanksgiving, the amount of stories about the tragedies started to dwindle," says Licata. Although they still receive submissions from teens dealing with the aftermath of the disasters, TeenCentral.Net has reinstated their 90 stories per day limit.

TynW2:

This is scary. I hate how those people crashed planes into the World Trade Center. Also, now we are going to be like all other countries forever, people with guns at airports to protect us. It makes me so sad that all those people died and now we will never have as much freedom as before.

TeenCentral.Net:

· You are certainly not alone in trying to understand and grieve the recent attacks on our country. Try to stay optimistic in these difficult times.

These attacks were partly designed to try to take away the freedoms we do have. If we start to live our lives differently, we are letting them achieve what they set out to do.

Funding concerns

According to their estimate, TeenCentral.Net received 1,000 teens' stories about the disasters within the first few weeks after September 11. The overwhelming teen response to this site illustrates the great need for this service. Unfortunately, as with other successful services for kids in crisis, the demand for services doesn't determine indefinite availability. "Funding is a major concern for us," says Licata. "We're always looking for new ways to fund the project."

"We've always been solely funded by foundation moneys," says Papp. "While this has been successful so far, we need to be funded by more permanent sources." Papp and Licata have lobbied for support from all types of foundations. They were recently awarded moneys from Phillip Morris's youth smoking prevention division in exchange for launching a teen smoking cessation wing on TeenCentral.Net. Still, the pursuit of funding is constant.

"Kids have written to thank us for preventing them from doing harm to themselves or to others," says Licata. Prevention is priority number one at TeenCentral.Net. Papp and Licata know that sometimes all it takes to prevent a major crisis in a teen's life is to give that teen a voice.

"Kids are generally afraid of the system, or at least don't know how to get into the system," Papp points out. "After getting advice on our site, teens often feel comfortable enough to get outside face-to-face therapy." TeenCentral.Net is a stepping stone to healthy thinking for thousands of teens.

Dear TeenCentral,

I wrote in a year ago asking advice for my depression. I just wanted to thank you for all your help. I am free of depression now and I am SO happy! I want everyone to know that you can be free of depression. Talk to your school counselor or friends. I know it's hard, but after you get help for it, you'll be so much happier. Again, thank you so much!

Because of TeenCentral.Net's tremendous success, they are currently looking for online counselors. If you have diverse clinical experience in counseling teens, you may be accepted to become an online counselor. Training is provided. If you are interested in becoming a TeenCentral.Net counselor, please contact Julius Licata at jlicata@kidspeace.org/ 610-799-7913 or Ginger Papp at gpapp@kidspeace.org/610-799-7912, or write to them at TeenCentral.Net, KidsPeace, 4125 Independence Drive, Suite 4, Schnecksville, PA 18078.

DID YOU KNOW?

Symptoms of Post-Traumatic Stress Disorder typically become evident within three months of a traumatic event.

Source: National Institute of Mental Health

See page 10 to learn about debriefing after trauma.

Lend a helping hand to Healing *magazine*

We know you've enjoyed reading *Healing* magazine. Now, please consider helping us bring this valuable information to you.

The high costs of printing and mailing our publication have prompted us to come to you, our readers, and ask for your financial assistance. If you've enjoyed the in-depth articles you've been reading in *Healing* magazine, if they've helped you help the kids in your care, then please consider supporting KidsPeace financially through a voluntary subscription to *Healing* magazine.

For more information, please call **1-800-25-PEACE**, extension 8340.
Or e-mail us at **healing@kidspeace.org**. Visit KidsPeace on the Web at **www.kidspe**

Voluntary Subscription Form

☐ Yes! I'd like to be added to the KidsPeace in-house mailing list.
I want to receive *Healing* magazine: ☐ by postal mail. ☐ by e-mail (PDF format).

☐ Yes, I want to support the continued quality and distribution of *Healing* magazine through my voluntary subscription*

Name/Title_____

Company Name_____ Address_____

City_____ State_____ Zip Code_____

E-mail_____

☐ MasterCard ☐ Visa Account Number_____

Expiration Date__/__/__ Authorized Signature_____

Please complete this form and return it in the postage-paid envelope provided, or e-mail us at: **healing@kidspeace.org**.
Checks payable to **KidsPeace**. **Thank you.** **A $15 subscription fee is suggested.*

Healing magazine salutes departing U.S. Surgeon General David Satcher

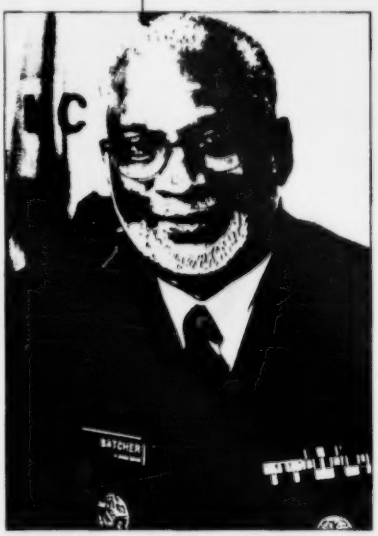
By Dean A. Bartholomew

When the term of U.S. Surgeon General David Satcher, M.D., Ph.D., ended in February, the mental health industry said farewell to a friend who played a unique and historic role identifying diseases of the brain as a public health issue to be reevaluated in the public forum.

Alvin F. Poussaint, M.D., noted child psychiatrist and Professor of Psychiatry at Harvard Medical School, Boston, Massachusetts, told *Healing* magazine, "The outstanding contributions of Dr. David Satcher's tenure as U.S. Surgeon General include the far-reaching effectiveness of his public education campaigns. He brought long-overdue attention to youth violence, suicide, and the treatment and prevention of mental illness. Notably, he documented and publicized health care disparities experienced by minorities.

"Dr. Satcher emphasized the importance of health care providers understanding cultural differences in order to improve the quality of health services for all Americans. He demonstrated extraordinary leadership in his role as the country's top public health official."

Satcher's *Mental Health: A Report of the Surgeon General* in 1999 was the product of a collaboration between two Federal agencies, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institutes of Health (NIH). The Surgeon General issued *A Call to Action on Suicide Prevention* in 1999 as well.



Former U.S. Surgeon General David Satcher

In her introduction to the *Report*, Donna E. Shalala, Secretary of Health and Human Services, applauded Satcher for the monumental work. "This seminal report provides us with an opportunity to dispel the myths and stigma surrounding mental illness. For too long the fear of mental illness has been profoundly destructive to people's lives. ... This Surgeon General's Report on Mental Health takes the next step in advancing the important notion that mental health is fundamental health. ... Now ... we are poised to take what we know and to advance the state of mental health in the Nation. We can with great confidence encourage individuals to seek treatment when they find themselves experiencing the signs and symptoms of mental distress."

Dr. Lewis Lipsitt, founder of the Child Study Center of Brown University, told *Healing* magazine, "Dr. Satcher has had rather a remarkable effect on how we look at public health and epidemiology. He has been a steadfast champion of research on behavioral processes involved in diseases, such as the role of maternal smoking in affecting the growth and development of children, and on decreased longevity of adults due to life-long smoking. By emphasizing the role of bad nutrition and excessive eating in the production of a nation with an over-abundance of obese children and youth, he has brought home the idea that behavior is important in creating risky development, and that we already have sufficient information to help the population change in the direction of more healthful living."

Lipsitt, who contributes to the research of KidsPeace's Lee Salk Center, a problem-solving resource center providing prevention and educational services and materials to help caregivers and kids anticipate and avoid crisis, added, "The bottom line evaluation of Dr. Satcher's contribution as Surgeon General will forever include commendation for his attention to the importance of behavior science, and for his emphasis on psychological and developmental training for a better life."

A detailed summary and the entire contents of *Mental Health: A Report of the Surgeon General* can be seen on the Web at www.surgeongeneral.gov/library/mentalhealth/toc.html.

Dr. James Feldman contributed to this article.

DID YOU KNOW?

Roughly 10,000 clients and their families are annually served by more than 100 outdoor behavioral health care programs in the United States.

Source: Behavioral Healthcare Industry Council

See page 2 for an in-depth look at wilderness therapy.

KidsPeace®
The National Center for Kids Overcoming Crisis

BECOME A FOSTER PARENT

KidsPeace is a private, not-for-profit organization dedicated to serving the critical behavioral and mental health needs of children, preadolescents, and teens. Since 1882, KidsPeace has been helping kids develop the confidence and skills they need to overcome crisis. KidsPeace provides specialized residential treatment services and a comprehensive range of treatment programs and educational services to help families help kids anticipate and avoid crisis whenever possible.

KidsPeace offers services in Pennsylvania, Georgia, Indiana, Maine, Maryland, Minnesota, New Jersey, New York, North Carolina, and Virginia.

For more information, call 1-800-727-4482, or visit: www.kidspeace.org
www.TeenCentral.Net www.fostercare.com

KidsPeace is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Middle States Association of Colleges and Schools, and The Commission on International and Trans-Regional Accreditation. Most major insurers accepted. KidsPeace does not discriminate in regard to admissions in terms of sex, race, creed, color, national origin, religious beliefs, disabilities, or handicapping conditions.

Family Resource File

Are you a resource for children and families?

If you provide a unique service to children and families, KidsPeace will consider including your listing in "The Family Resource File." Please send a 25-word description of your product or program to Miriam DiBiase, Editor, KidsPeace Creative Services, 4125 Independence Drive, Suite 4, Schnecksville, PA 18078. Space constraints may prevent us from using all submissions. *Healing* magazine reserves the right to edit all submissions.

"Challenge"

Amy Kaplan, producer
Denver Center for the Performing Arts

Fanlight Productions
4196 Washington Street
Boston, MA 02131
800-937-4113
www.fanlight.com

This new, 28-minute video shows people with physical and developmental disabilities participating and excelling in athletic events beside able-bodied individuals. Blindness, mobility impairments, and deafness are some of the obstacles these athletes overcome to participate in sports like rock climbing, tennis, golf, and skiing. This video shows that with the right equipment, hard work, and determination, full participation in sports is possible for these inspiring individuals.

First Light Counseling

Professional Arts Center
5090 State Street, Suite 102 B
Saginaw, MI 48603
989-497-9020

Xenny Johnson, MSW, CSW
Shirley Faleer, MA, LLPC

First Light Counseling offers treatment and counseling services for children, teens, and adults. Specializing in anxiety/stress management; sexual, physical, and emotional abuse recovery; grief and loss issues; family and interpersonal communication and relationships; substance abuse recovery; parenting support/education; and more. Also provides a fully equipped play therapy room and a resource/lending library for clients of all ages.

Nicole S. Urdang

Nicole S. Urdang, M.S., NCC, DHM
Holistic Psychotherapy - Private Practice
650 Lafayette Avenue
Buffalo, NY 14222
716-882-0848
E-mail: urdang@buffalo.com

Provides holistic psychotherapy services to clients of all ages, integrating nutritional counseling, yoga, homeopathy, meditation, hypnosis, aromatherapy, and exercise with rational-emotive behavior therapy. Offers 22 years of experience and a supportive and nurturing – but still dynamic – environment.

The Echo and the Pixie

Michael Hardgrove, author and illustrator
mwhardgrove@netzero.net
www.geocities.com/ogrepixie

"The Echo and The Pixie" is a free online storybook that helps adults teach small children the importance of talking about their fears.

Valley Behavioral Medicine

Dr. John Abbott
Program Coordinator/Medical Director
3 Hatfield Lane, Suite 1
Goshen, NY 10924
845-291-7480
Fax: 845-294-3785
E-mail: valley@pioneer.com
www.valleybehavioralmedicine.com

Valley Behavioral Medicine is the Hudson Valley's first integrative medical group practice providing alternative and complementary treatment services for patients of all ages with physical and psychological problems. Provides information on various therapies and offers treatment including acupuncture, biofeedback, hypnotherapy, and therapeutic massage.

KidsPeace
The National Center for Kids Overcoming Crisis

Admissions
KidsPeace Hospital
KidsPeace National Centers
1-800-8KID-123
admissions@kidspeace.org

HelpLine
1-800-334-4KID
helpline@kidspeace.org

Web sites
www.kidspeace.org
www.fostercare.com
www.TeenCentral.Net

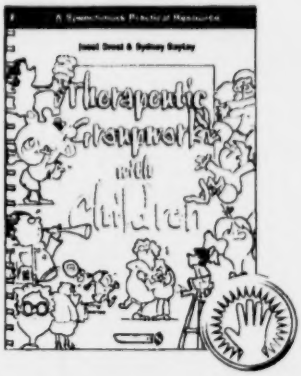
Locations
Georgia
Indiana
Maine
Maryland
Minnesota
New Jersey
New York
North Carolina
Pennsylvania
Virginia

Healing High Fives

We at *Healing* magazine are always looking for new resources for helping kids. In this new feature, we spotlight and give a big "High Five" to tools that we think are unique and beneficial for kids. If you have a suggestion for "*Healing* High Fives" please send it to healing@kidspeace.org or mail it to Miriam DiBiase, editor of *Healing* magazine, 4125 Independence Drive, Suite 4, Schnecksville, PA 18078.

Therapeutic Groupwork with Children

by Joost Drost and Sydney Bayley



Therapeutic Groupwork with Children, written by Joost Drost, clinical psychologist, and Sydney Bayley, educational psychologist and registered psychotherapist, contains 46 playful activities in three easy-to-read sections, for children between the ages of 5 and 11 who are in need of therapeutic care. Part I of the workbook is a simple explanation of how people view the world, the role of a therapist, setting up the group, embedding the group in its context, and a theoretical background of group therapy. Part II is a breakdown of activities by age group, and a sample of ten-session programs for the different age groups. The remaining section of Part II is composed of pages of the activities that may be photocopied. The final portion of the book contains appendixes, evaluation questionnaires that may also be photocopied, references, and a useful table of activities and themes.

Activities focus on a variety of themes, including identity and self-esteem, cooperation, trust, listening, and self-control. For example, an exercise named "Empathy Riddles" is designed for age groups 5 through 7 years and 8 through 11 years to help the children understand another person's view of life. The session takes 10 to 15 minutes, using riddles written from the perspectives of either animals or professionals. For this exercise the children pair into groups and guess the identity of the person or creature identified in the riddle. This session includes themes on listening, cooperation, and empathy, and like all other activities in the workbook, it is cross-referenced to related activities dealing with similar themes. According to the authors, the majority of activities in this workbook are suited for boys, due to a higher number of male referrals, but activities can be modified to accommodate girls as well. — *S.A.C.*

Published: 2001
Speechmark Publishing Ltd.
Telford Road, Bicester, Oxon
OX26 4LQ, UK
www.speechmark.net

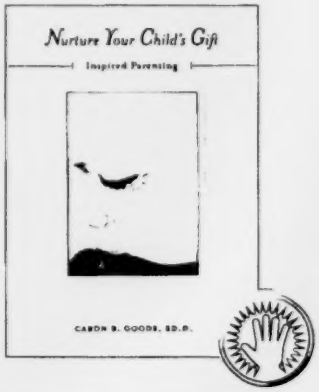
Nurturing Your Child's Gifts: Inspired Parenting

by Caron B. Goode, Ed.D

Written to close the gap between mindbody research and its ease of application to parenting roles, this book proposes to simplify parenting roles by helping parents to manage their emotions, trust their intuition, and feel good about the choices they make.

Goode believes, like many other educators, that every child is born with a unique temperament, abilities, and interests. She challenges parents to discover and nurture the emergent dream of their child so that it is not crushed as the child grows. "*The power of our belief* in a child's limitless potential is the key ingredient in fostering healthy self-esteem and empowerment," writes Goode.

According to Goode, dreams emerge when children feel confident and motivated. Since the link between mind and body is emotions, she challenges parents to first get in touch with their own emotions in order to create an atmosphere where a child can be comfortable with his or her own. She recommends techniques such as music, imagery, breathwork, dance, art, and expressive therapies as ways to maintain emotional harmony.



Through stories of her interaction with kids, clear instructions with diagrams, and 11 pages of print and cyber resources, Goode achieves her goal. She clearly shares with parents how to holistically "become emotionally, intuitively, and instinctively connected to and aware of our children" ... in order to "see more clearly their thoughts, feelings, games, fears, talents, and dreams." — *D.B.*

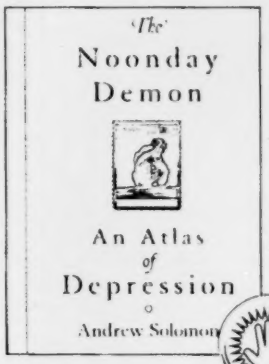
Published: 2001
Beyond Words Publishing, Inc.
20827 N. W. Cornell Road, Suite 500
Hillsboro, OR 97124
Call: 503-531-8700 or 1-800-284-9673
www.beyondword.com

(Continued)

The Noonday Demon: An Atlas of Depression

by Andrew Solomon

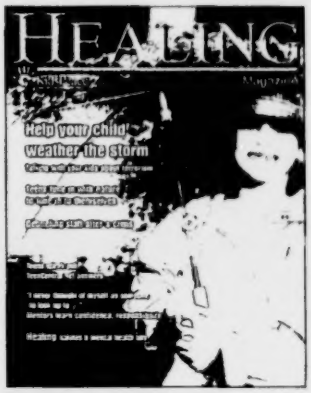
More than simply another entry in the genre of first person singular accounts about the devastation of depression, this book of more than 500 pages is truly a world atlas of the disorder – at least next to *Darkness Visible* by William Styron, an 85-page city map by comparison. Covering not only the story of his own journey, novelist and *New Yorker* magazine contributor Andrew Solomon researched the accounts of depression in a broad range of people, including survivors of the Khmer Rouge regime of Cambodia, Greenland's Inuit people, and tribal members of Senegal.



Using his own painful experience of the crippling illness as a springboard – "In the tightest corner of my bed, split and racked by this thing no one else seemed to be able to see, I prayed to a God I had never entirely believed in, and I asked for deliverance" – Solomon inquires into the biological, social, and political aspects of the disorder, providing a wealth of insights. Son of pharmaceutical magnate Howard Solomon, he compares and contrasts the two major treatment modalities for depression: talking therapies and pharmacological care. "I feel sometimes as though I am swallowing my funeral twice a day, since without these pills, I'd be long gone," he writes.

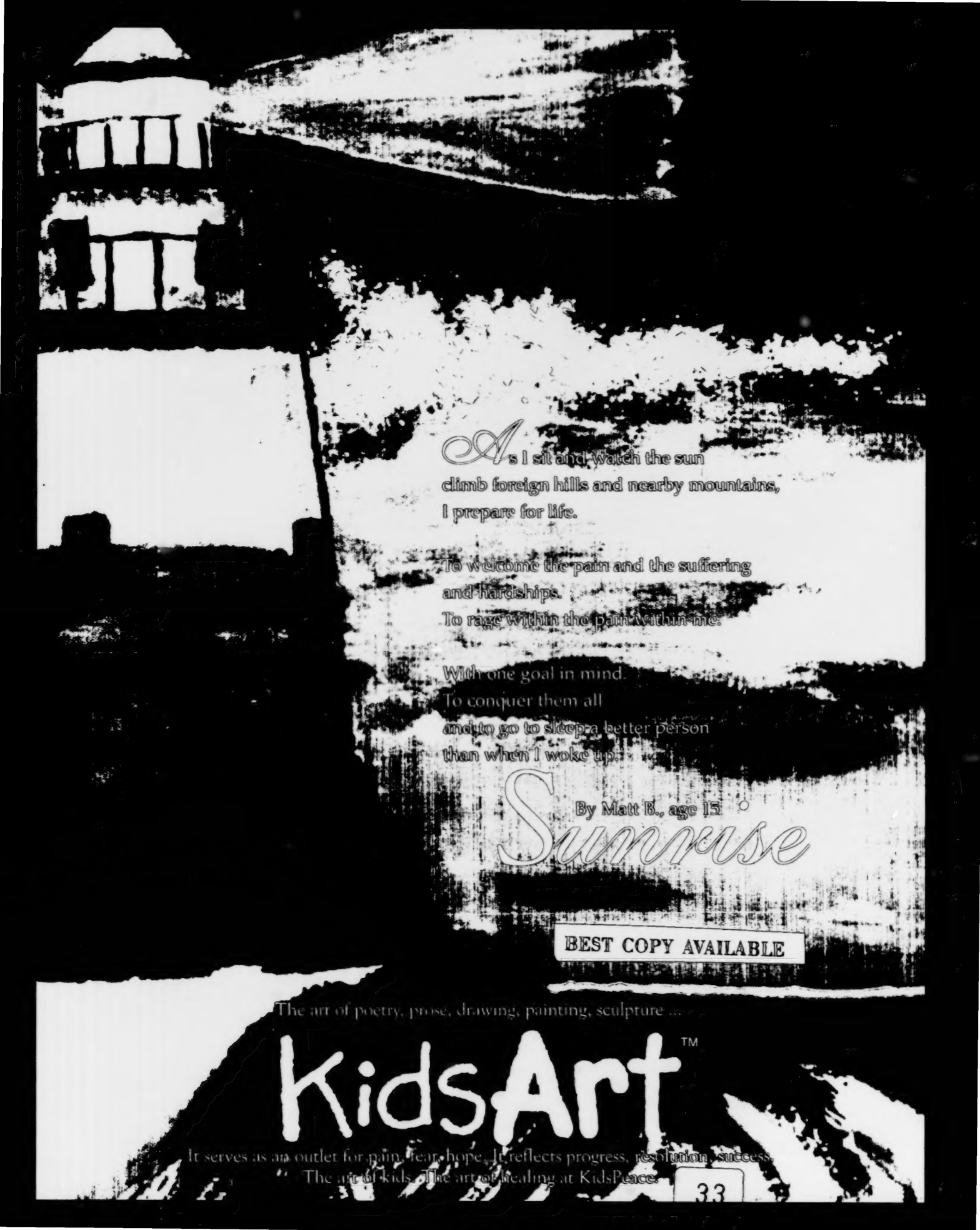
Reading about depression itself can become depressing. With an incredibly entertaining and informative writing style, Solomon manages to draw the reader into the topic with such wit and comprehensive thought, that a new hope for a future of open understanding and intelligent treatment of the illness emerges. — *D.B.*

Published: 2001
Scribner
1230 Avenue of the Americas
New York, NY 10020
Call: 212-632-4957 or 1-800-456-6798
www.simonandschuster.com



Do you like what you see?

We are now able to publish *Healing* with a more reader-friendly look at a fraction of the cost of our former publication. As always, it is our priority to bring you insightful and thought-provoking clinical information pertaining to the mental health needs of kids. It would mean a lot to us if you could take a few moments and share your opinions of the changes. **Please e-mail your thoughts or suggestions to healing@kidspeace.org, because your feedback is important to us.**



As I sit and watch the sun
climb foreign hills and nearby mountains,
I prepare for life.

To welcome the pain and the suffering
and hardships.
To rage within the pain within me.

With one goal in mind.
To conquer them all
and to go to sleep a better person
than when I woke up.

By Matt B., age 15

Sunrise

BEST COPY AVAILABLE

The art of poetry, prose, drawing, painting, sculpture ...

KidsArt™

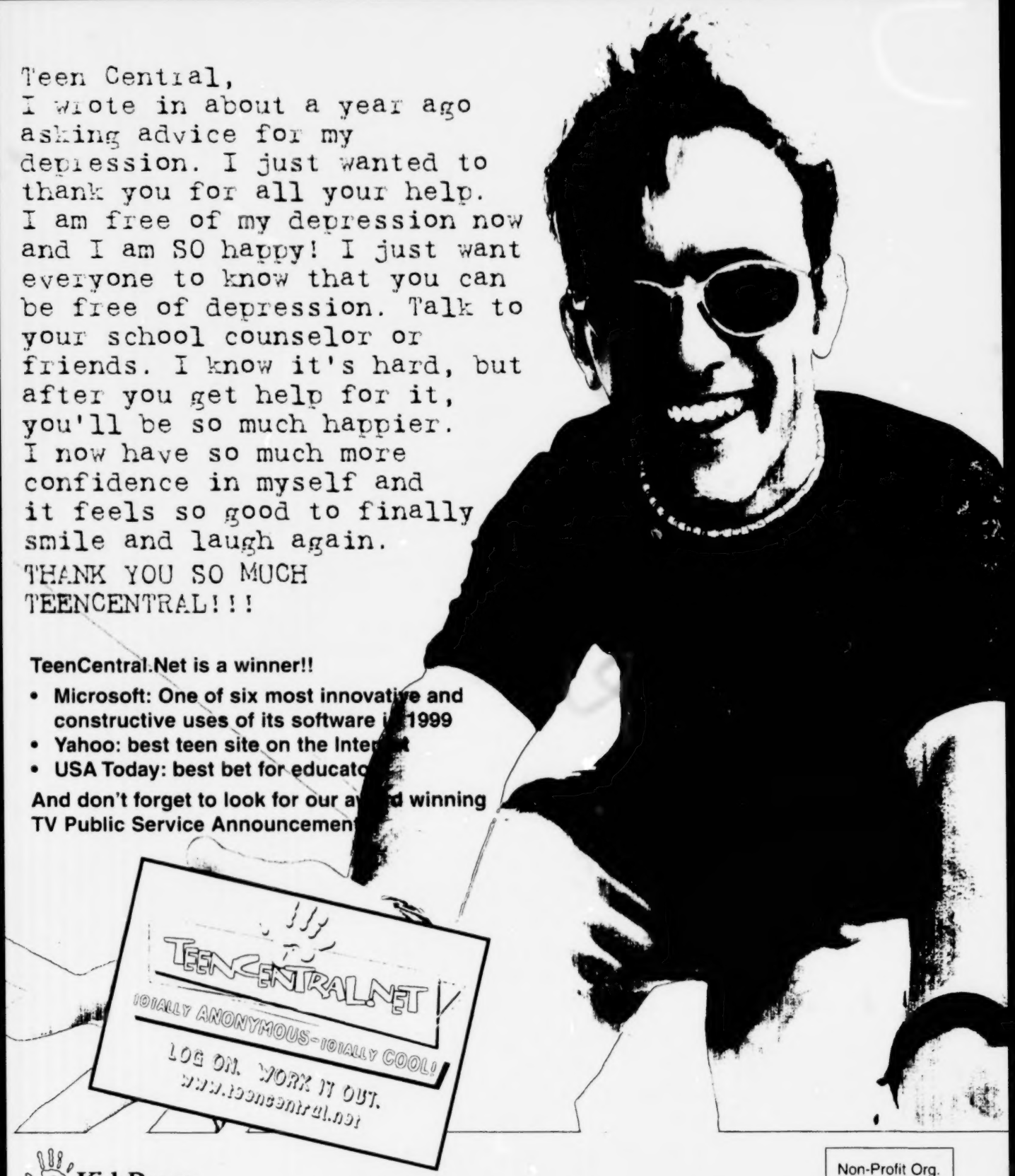
It serves as an outlet for pain, fear, hope. It reflects progress, resolution, success.
The art of kids. The art of healing at KidsPeace.

Teen Central,
I wrote in about a year ago asking advice for my depression. I just wanted to thank you for all your help. I am free of my depression now and I am SO happy! I just want everyone to know that you can be free of depression. Talk to your school counselor or friends. I know it's hard, but after you get help for it, you'll be so much happier. I now have so much more confidence in myself and it feels so good to finally smile and laugh again.
THANK YOU SO MUCH TEENCENTRAL!!!

TeenCentral.Net is a winner!!

- **Microsoft: One of six most innovative and constructive uses of its software in 1999**
- **Yahoo: best teen site on the Internet**
- **USA Today: best bet for educators**

And don't forget to look for our award winning TV Public Service Announcements



KidsPeace
The National Center for Kids Overcoming Crisis
1650 Broadway
Bethlehem, PA 18015-3998

Non-Profit Org.
U.S. Postage
PAID
Permit No. 557
Harrisburg, PA

xxx
PROCESSING AND ACQUISITION COO
MS. DEETRA THOMPSON
E R I C / C A S S
PO BOX 26171
GREENSBORO NC 27402-6171

Fall 2002 • Volume 7, No. 2

HEALING™

Magazine

KidsPeace®
The National Center for Kids Overcoming Crisis

Focus on: Education

Words of wisdom for teachers
Student Assistance Programs

What every parent needs to know:
Teen dating violence
Bullies and your kids
The newest street drugs

Plus:
ADHD: Can exercise replace medication?
Kids connect with world peacemakers

35

C.T. O'Donnell II, KidsPeace
President and CEO

Overcoming barriers to learning

Dear Reader,

School can be tough. Learning disabilities, behavioral problems, drugs, and bullies can all interfere with a child's ability to succeed. At KidsPeace, our dedication to children and to those who help them continually drives us to search for pragmatic, viable solutions to the problems facing many of today's youth.

In this issue of *Healing*, we take an in-depth look at some of these problems, and profile some innovative products and methods available for intervention. In her article on bullying, guidance counselor Judy Klinger discusses some of the causes and characteristics of bullying behaviors, and offers guidance to parents whose kids are faced with this widespread problem. This issue also takes a look at the increasingly disturbing rise in relationship and dating violence among teens.

Another article provides helpful information on the street drugs popular with kids and teens, including information on how to identify the drugs and the telltale signs of use. The article serves as resource for parents and educators alike, offering practical information on these popular, destructive substances that can hinder learning and destroy lives.

Scattered throughout this issue, you'll find a special feature for teachers: words of wisdom from experienced teachers of special needs kids. These teachers have tremendous insight and practical strategies for teaching any kid with compassion and enthusiasm; their suggestions can lift your attitude and help you in your work with kids. We also profile three teachers who found an innovative use for a phonetic computer game with startling and inspiring results, benefiting their students in much more than language skills. This issue also takes a look at Student Assistance Programs, in-school initiatives that help to address, identify, and treat barriers to students' learning.

As we enter another school season, we at *Healing* magazine reaffirm our commitment to bringing you the practical, clinical information you expect from us. We encourage your comments and suggestions, and welcome your article submissions. Thank you for your continued dedication to kids' education, safety, and mental health! We also thank you …

For the kids,

C.T. O'Donnell II

C.T. O'Donnell II

HEALING Magazine

KidsPeace
The National Center for Kids Overcoming Crisis

Fall 2002 • Volume 7, Number 2

***Healing* is a publication of:**
KidsPeace
Creative Services
1650 Broadway
Bethlehem, PA 18015-3998

President and CEO
C.T. O'Donnell II

Executive Publisher
David Dries

Managing Editor
Ginger Jackson

Editor
Miriam H. DiBiase

Contributing Writers
Dean A. Bartholomew
Stephanie A. Cipriani
Tiffany A. Fisk
Linda Goldman
Judy Klinger, M.Ed.
Michael S. Wendt, Ed.D.
Karen Carnabucci, MSS, CICSW, LSW, TEP

Art Director
Shawn Parker

Editor/Art Director/Graphic Design
Kristin R. Greenberg

ABOUT KIDSPEACE

KidsPeace is a private charity dedicated to serving the critical mental and behavioral health needs of children and teens. Since 1882, KidsPeace has been helping kids develop the confidence and skills they need to overcome crisis in their lives. KidsPeace provides an array of specialized residential programs for hard-to-place kids. Today, KidsPeace offers a comprehensive range of treatment programs, educational services, and treatment foster care options to help families help kids anticipate and avoid crisis whenever possible. The articles contained in KidsPeace's *Healing* magazine do not necessarily express the views of KidsPeace or its subsidiaries.

KidsPeace is accredited by The Joint Commission on Accreditation of Healthcare Organizations, Middle States Association of Colleges and Schools, and The Commission on International and Trans-Regional Accreditation. KidsPeace does not discriminate in regard to admissions in terms of sex, race, creed, color, national origin, religious beliefs, disabilities, or handicapping conditions.

© Copyright 2002 by KidsPeace

120 years ...and counting!
KidsPeace
The National Center for Kids Overcoming Crisis

Especially for Teachers

Words of wisdom from experienced teachers of special needs children 2
By Dean A. Bartholomew

Therapist's Corner®

Sharing the wealth:
KidsPeace provides continuing education for its employees and for the community at large 3
By Kristin R. Greenberg

Twenty years of helping those who help kids 4
By Tiffany A. Fisk

Children living with fear:
Recognizing and healing trauma 6
By Linda Goldman

Can exercise replace medication as a treatment for ADHD? 8
By Michael S. Wendt, Ed.D.

Especially for Parents

In your face: Dealing with bullying 9
By Judy Klinger, M.Ed.

The new street drugs 11
By Ginger Jackson

What every parent needs to know:
Relationship and dating violence among teens 15
By Stephanie A. Cipriani

Trends

KidsPeace kids connect with world peacemakers 18
By Dean A. Bartholomew

TeenCentral.Net helps teens tackle tobacco 20
By Stephanie A. Cipriani

Focus on Education

"I feel so smart now"
Unique language-skills computer program helps kids with so much more than phonics and syntax 21
By Tiffany A. Fisk

An ounce of intervention:
Student Assistance Programs address barriers to learning 23
By Miriam H. DiBiase

Resources

Healing High Fives 28

Call for articles: see page 26

Thank you for helping us keep our subscriber list as accurate as possible.
Please FAX name/address/e-mail changes or additions along with incorrect mailing label to 610-799-7981 or e-mail healing@kidspeace.org.

Words of wisdom from experienced teachers of special needs children

By Dean A. Bartholomew

Being a teacher can be a tough job on the best of days with the most motivated students. A teacher has to do more than dress neatly, get up in front of a group of people, and present facts and data. A teacher has to give of herself or himself as a nurturer, a mentor, a motivator, and an encourager. *Healing* salutes teachers of special needs children for their compassionate service to kids. We present here – and throughout this issue – a few of these teachers' inspirational tips on how to persevere and accomplish their difficult task. We offer these gems of knowledge as an encouragement and a resource for all educators, parents, and child-care professionals.

Wendy Fenstermacher, *Head Teacher, KidsPeace Washington School, Bethlehem, Pennsylvania*

1. *Get to know each student: Establish a relationship – share small talk, your interests, and other appropriate personal things of interest.*

2. *INDIVIDUALIZE. For example: If your objective is for the students to do a science project, allow for variance in how the student demonstrates what he or she has learned; i.e., written, typed, oral, or drawn on a poster. If the assignment is a five-page report, a certain student might be assigned a two-page report; those two pages may be more than he or she has ever done. It shows growth; that's what you want.*

3. *Give kids tools to help them complete a task: For example, give them a checklist of steps to complete a math problem, a calculator (for older kids or word problems), or a proofreading assistant.*

4. *Show the real-world relevance of what you are asking kids to learn.*

5. *Be enthusiastic. My kids may giggle over my enthusiasm for math and science, but they remember my enthusiasm and, in turn, remember the topic that was taught.*

38

Look for more words of wisdom on page 10.

Sharing the wealth:

KidsPeace provides continuing education for its employees and for the community at large

By Kristin R. Greenberg

The African proverb "It takes a whole village to raise a child" is quoted so often that it's now almost cliché, yet the sentiment is a sound one. Perhaps the old adage "monkey see, monkey do" is equally veracious: Children model their behavior on what they see around them, picking up cues from the environment in which they live. Although debate and controversy has always surrounded the issue of exactly how much responsibility the proverbial "village" should bear, one point remains indisputable: If children are to be raised as productive members of society, then society needs to take a productive role in that development.

KidsPeace, The National Center for Kids Overcoming Crisis, is an organization that was founded on this very tenet. In 1882, a local philanthropist founded an interim care facility in Bethlehem, Pennsylvania, after a smallpox epidemic had left many children orphaned and homeless. Since then, the organization has steadfastly renewed its commitment to children, and has evolved into one of the nation's largest children's mental and behavioral health care organizations. But providing a community within its walls where children can learn, heal, and grow is only one facet of the ultimate goal. To build a stronger "village" that values and nurtures children requires continuing training, education, and development for those who would endeavor to help.

> ***"As social workers, it's our job to help kids become productive members of society, to give kids a chance to make positive behavioral changes. It's a very complex process, and people who are part of this process need the best training. ..."***
>
> *Argentina Bancos, Case Manager for Concern®, a treatment facility for adolescent males in Coatesville, Pennsylvania, and KidsPeace seminar attendee.*

To that end, KidsPeace has taken on an even more proactive role. Under the auspices of a special division called the KidsPeace Institute, KidsPeace plays host to a variety of educational seminars, conferences, and workshops made available not only to KidsPeace staff, but to anyone who works with our nation's children.

"A tremendous breadth and depth of continuing education"

Expert guest speakers, recruited from both inside and outside of KidsPeace, provide instruction ranging from pragmatic skills training to in-depth lectures on specific disorders to reflective discussions of humor, spirituality, and philosophy in the treatment of children. Specialized "tracks" – series of study – are available through KidsPeace Institute, in addition to individual à la carte topics. "The Institute offers a variety of learning formats and timeframes, including self-study [for employees], to make the best use of resources and to open up learning opportunities, ... providing a tremendous breadth and depth of continuing education," notes Signe Whitson, Manager of Organizational Development and Clinical Training at KidsPeace.

The KidsPeace Institute plays host to a variety of educational seminars, conferences, and workshops made available not only to KidsPeace staff, but to anyone who works with our nation's children.

According to Whitson, "Clinicians may

(Continued on page 26)

Twenty years of helping those who help kids

By Tiffany A. Fisk

In October 1982 in Allentown, Pennsylvania, Wiley House (now KidsPeace) hosted its first National Conference, "The psychodynamics and psychotherapeutic approaches to anti-social behaviors," presented by Richard A. Gardner, M.D. More than three hundred people were in attendance for that initial conference – an annual event that is still going strong twenty years later.

KidsPeace's Chief Operating Officer Rich Biolsi, who has worked for KidsPeace for more than 31 years, recalls, "We've had some of the biggest names in children's mental health speak at our conference. The caliber of speakers has been outstanding." The list of past presenters includes former U.S. Secretary of Education Dr. Terrel Bell, noted author and family therapist Peggy Papp, and Dr. Alvin Poussaint, nationally renowned expert in the needs of children and the family.

The intent of the conferences, says David Dries, Vice President for Marketing at KidsPeace, is to bring in experts on topics that are both beneficial and appropriate for the organization's staff. And by offering continuing education credits to certified counselors, social workers, psychologists, and nurses, the conferences hold great benefit for attendees from outside the organization, as well.

With a diverse series of topics such as family therapy, crisis intervention, pragmatic strategies to handle counselor-client conflicts, adolescent drug abuse prevention, and the like, KidsPeace National Conferences provide timely, practical information to those whose purpose is to heal our nation's children.

The National Conference is now organized through KidsPeace's newly established KidsPeace Institute (see page 3). This year's conference is a two-day, two-topic event. Day one is a workshop for clinical supervisors titled "Advanced Skills of Supervision," presented by Larry Shulman, MSW, Ed.D. Day two is a presentation by Stephen R. Andrew, MSW, LADC, called "Sexuality and Substance Abuse: Focus on Young People."

According to Signe Whitson, Manager of Organizational Development and Clinical Training at KidsPeace, "Social workers, psychologists, counselors, nurses, educators, recreational therapists, and child care professionals alike will benefit from the rich and diverse perspectives of this year's speakers and from the occasion to network with one another throughout the course of the event."

This year's conference is cosponsored by KidsPeace and Marywood University's School of Continuing Education in collaboration with the Pennsylvania Council of Children Youth and Family Services. The conference will be held October 29 and 30 at the KidsPeace Donley Therapeutic Education Center in Orefield, Pennsylvania.

For more information, visit KidsPeace on the Internet at www.kidspeace.org.

KidsPeace
The National Center for Kids Overcoming Crisis

20th
KidsPeace
National Conference

Marywood
UNIVERSITY

KidsPeace, a leader in continuing eduction initiatives for children's mental health care professionals, and Marywood University's School of Continuing Education proudly present the 20th annual KidsPeace National Conference, in collaboration with the Pennsylvania Council of Children, Youth and Family Services.

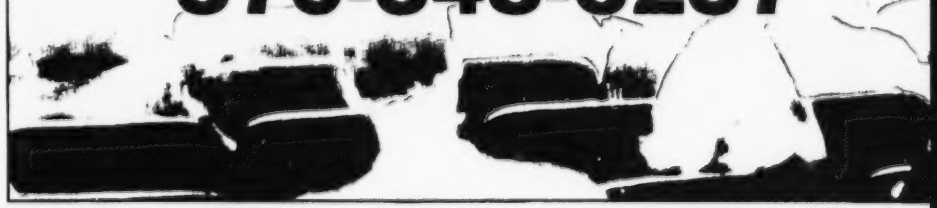
A two-day, two-topic event!

Tuesday, October 29, 2002, and Wednesday, October 30, 2002.
Cost is $99 per day. Save money and sign up for both days for only $175!
CEU credits available for qualified professionals!

Day One: Tuesday, October 29, 2002
"Advanced Skills of Supervision," presented by Larry Schulman, MSW, Ed.D., is a workshop for clinical supervisors focusing on essential skills in communication, relationships, and group leadership.

Day Two: Wednesday, October 30, 2002
"Sexuality and Substance Abuse: Focus on Young People," presented by Stephen R. Andrew, MSW, LDAC, takes an in-depth look at the dual issues of sexuality and substance abuse, how they impact each other, and how they impact adolescent behavior.

For additional information and payment options, please contact:
Marywood University's School of Continuing Education
570-348-6237



BECOME A FOSTER PARENT

KidsPeace is a private charity dedicated to serving the critical behavioral and mental health needs of children, preadolescents, and teens. Since 1882, KidsPeace has been helping kids develop the confidence and skills they need to overcome crisis. KidsPeace provides specialized residential treatment services and a comprehensive range of treatment programs and educational services to help families help kids anticipate and avoid crisis whenever possible.

KidsPeace offers services in Pennsylvania, Georgia, Indiana, Maine, Maryland, Minnesota, New Jersey, New York, North Carolina, and Virginia.

For more information, call 1-800-727-4482, or visit: www.kidspeace.org
www.TeenCentral.Net www.fostercare.com

41

KidsPeace is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Middle States Association of Colleges and Schools, and The Commission on International and Trans-Regional Accreditation. Most major insurers accepted. KidsPeace does not discriminate in regard to admissions in terms of sex, race, creed, color, national origin, religious beliefs, disabilities, or handicapping conditions.

Children living with fear:
Recognizing and healing the trauma

By Linda Goldman

Ordinary fears are a normal part of a child's developmental growth, and children create internal and external mechanisms to cope with these fears. But a child's "ordinary fears" can be transformed into very real "survival fears" in the face of severe trauma. Today's kids live in a world of school shootings, extreme bullying, gang violence, natural disasters, threats of biological warfare, and random terrorism. These events can cause panic, stress, and extreme anxiety in kids' lives, and the feelings are heightened with each new instance reported in the media.

The terror that grips our children in these circumstances emerges from situations that suddenly overwhelm them and leave them feeling helpless, hopeless, and unable to cope. Trauma is defined by the Encarta® World English Dictionary as "an extremely distressing experience that causes severe emotional shock and may have long-lasting psychological effects or a physical injury or wound to the body." This unexpected and shocking event destroys a child's ability to cope and function in a normal way.

Children witness untold traumas in their homes, schools, communities, and nations. Many children suffer from a state of trauma that can develop into Post-Traumatic Stress Disorder, in which present events trigger memories of trauma resulting in panic, anxiety, disorientation, fear, and all the psycho-physical feelings associated with the traumatic memory. These symptoms are not easily understood. They often appear out of context with the objective reality of the child's situation. Both the child and his or her caretakers can be perplexed by these reactions and may easily misinterpret them if the connection to the underlying trauma is not recognized.

Signs of traumatized children

Caring adults need to recognize the signs of grieving and traumatized children, and they need to be aware of the techniques and resources available to help bring safety and protection back to the child's inner and outer world. For example, listening to children's thoughts and feelings and providing a safe means of expression helps teachers, parents, and educators reinforce their ability to ensure a safe and protected environment.

Traumatized children tend to re-create their trauma, often experiencing bad dreams, waking fears, and reoccurring flashbacks. Young children have a very hard time putting these behaviors into any context of safety. Many withdraw and isolate themselves, regress and appear anxious, and develop sleeping and eating disorders as a mask for the deep interpretations of their trauma.

Young children engage in post-traumatic play by compulsively repeating some aspect of the trauma. After Tommy witnessed a school shooting, he began wetting the bed and having nightmares and stomachaches. Each time he came to therapy he would repeatedly take a toy gun and pretend to shoot it. It became a regular activity on each visit. Ten-year-old Jane's mom died in the World Trade Center disaster. Jane repeatedly blamed herself. Her mom had felt sick that morning, and Jane believed, "If only I had made her stay home, she would still be alive."

about the event. Sometimes kids avoid reminders of the traumatic event and show little conscious interest. Many traumatized children exhibit hyper-arousal by increased sleep problems, irritability, inability to concentrate, startle reactions, and regressive behaviors.

When caring adults can identify traumatized kids, they can normalize grief and trauma signs and develop ways kids can express their feelings and emotions. Parents, educators, and other caring professionals can model, present, and support comfortable ways to bring safety and protection back into kids' lives.

Children and magical thinking

Young children may employ "magical thinking" after traumatic events – they believe that they somehow "caused" the problem, whether it is the death of a goldfish or an assault upon America. Parents can reassure their children that there was nothing they could have done to cause or prevent terrorism.

Some kids may also feel survival guilt. They may think, "Why am I living when so many others have died?" Adults can reframe guilt and magical thinking from "What could I have done?" to "What can I do now?"

At-risk behaviors

Children may begin to exhibit at-risk behaviors after a traumatic event. The frequency, intensity, and duration of these behaviors are important factors to consider. Children may experience post-traumatic stress, revisiting the traumatic event through outside stimulus like photos, music, and the media, or by reliving the sights and sounds of the tragedy in their minds. Expect children to re-experience a degree of their original trauma on the anniversary of September 11.

The following behaviors may be indicators that a child may benefit from professional help:

- Sudden and pronounced change in behavior
- Threat of suicide or preoccupation with suicide, evidenced through artwork or writing
- Harmful acts to other children or animals
- Extreme confusion or incoherence
- Evidence of substance abuse – drugs, alcohol, etc.
- Sudden change of grades
- Avoidance or abandonment of friends
- Angry or tearful outbursts
- Self-destructive behavior
- Inability to eat or sleep
- Over-concern with own health or health of a loved one
- Giving away important possessions
- Sudden unexplained improvement in behavior or schoolwork
- Depression, isolation, or withdrawal

Activities that help kids express thoughts and feelings

Helping children to establish a sense of order in an ever-changing and chaotic world is important. Not only do we want our kids to realize they are survivors of a difficult event, but they also need to know that their life still has continuity and meaning. Parents and educators working with traumatized children should keep to the daily routine as much as possible. This allows kids to feel a renewed sense of security. Establishing family activities also has a reassuring effect on children. Preparing meals together, eating dinner as a family, reading stories aloud, or playing family games can help to reestablish a sense of normalcy to kids' lives.

It is important to initiate safe places for kids to express their ideas. This can be done by finding quiet times at home, in the car, or on a peaceful walk. Being with children without distractions can produce a comfortable climate to begin dialogue. Bedtime should be a reassuring time, too. Often this is the time children choose to talk about their worries. Parents can consider an increase in transition time, storytelling, and book reading to create a peaceful, uninterrupted nighttime environment.

Hope for the future

Our children are living with fear, stress, anxiety, and grief caused by events like bullying and gang violence, car crashes and earthquakes, school shootings and global terrorism. One goal of trauma work with children is to restore safety and protection to all children who have experienced trauma within their homes, schools, and community. Another goal is to provide parents and youth workers with information, understanding, and skills related to the issues creating trauma. With these tools we can help our children become less fearful and more compassionate human beings, thereby increasing their chances of living in a future world of increased inner and outer peace.

Linda Goldman is the author of Breaking the Silence: A Guide to Help Children With Complicated Grief – Suicide, Homicide, AIDS, Violence, and Abuse *and* Life and Loss: A Guide to Help Grieving Children. *She works daily with traumatized children in her practice near Washington, D.C. Contact Linda at lgold@erols.com or www.erols.com/lgold.*

Can exercise replace medication as a treatment for ADHD?

By Michael S. Wendt, Ed.D.

In a study conducted at the State University of New York at Buffalo in 2000, exercise significantly improved the behavior of children with ADHD between the ages of 5 and 12. Subjects involved in this study participated in 40 minutes of exercise five days a week for six weeks.

Exercise and brain growth

Since ADHD is believed to be a neurochemical disorder, the study at Buffalo was based on the hypothesis that frequent and intense exercise could have a positive effect on the concentration of neurotransmitters in the brain. In turn, this neurochemical change would lead to improved behavior of ADHD children. As an added benefit, exercise would also have a positive impact on brain growth and development. Contemporary research has shown how increased blood flow to the brain can promote the growth of additional brain cells.

Results of a study by J.E. Black, titled "Learning causes synaptogenesis, whereas motor activity causes angiogenesis, in cerebellar cortex of adult rats" (National Academy of Science, 1990), showed that learning and practice of motor skills lead to an increase in the synapses of lab rats, while exercise produces an increase in blood vessel density in the brain. The study suggests that a combination of increased blood flow to the brain, complex exercise, and appropriate nutrition will promote the growth of the body's neuronal infrastructure. Limiting any one of these components may limit the body's ability to grow additional neurotransmitters that process information. As mounting evidence points to a lack of development and activity in specific regions of the brain as a cause of ADHD, the relationship between exercise and ADHD behaviors becomes more evident.

According to the Centers for Disease Control (www.cdc.gov), nearly half of all young people ages 12 through 21 are not vigorously active on a regular basis. At the same time, the CDC (2002) has indicated a significant increase in children identified with ADHD. In a recent press release, the CDC has shown a rise in the diagnosis of ADHD in recent years from 5% to 7.7%. Effective treatment options for America's number-one childhood mental disorder are more important than ever.

Exercising and eating nutritious food produces nutrient- and chemical-rich blood. Frequent and intense exercise sessions ensure that volumes of this blood pass through the brain on a regular basis. The study at Buffalo suggests that the results of "feeding" the brain this way can be seen in better behavior and more efficient cognitive processing. In his book *Teaching with the Brain in Mind* (Association for Supervision & Curriculum Development, 1998), Eric Jensen, noted speaker on the topic of brain-based learning, draws a parallel between increased neurological strength and the strength benefits to our bones, muscles, and internal respiratory organs that we commonly associate with physical fitness. He states that the increased blood flow that transports oxygen, nutrients, and hormones for muscle and bone development also facilitates the transport of neurotropins to enhance growth and neuronal connections. If this is true, then keeping children involved in exercise can be beneficial, especially if it takes place over a number of years.

Behavioral changes through exercise

The results of the study at Buffalo showed a significant improvement in behavior when pre- and post-test comparisons were made over the six-week duration of the study. Changes in behavior were generally noticeable between two and four weeks into the exercise program. The greatest gains were made in the category of oppositional behaviors, which are some of the most common causes of conflict problems with children. Exercise programs based on this study have yielded similar results in at least three public schools.

The study at Buffalo indicated that regular, vigorous exercise might be an alternative means of modifying behavior for children whose parents do not wish to give them medication. The side effects of a good exercise program are more desirable and beneficial than the side effects of long-term doses of medication.

For more information about this study, e-mail Dr. Michael Wendt at mike_wendt@juno.com, visit his Web site at www.acalogic.com, or call 716-751-9341 x122.

Michael S. Wendt, Ed.D., has served as a consultant, presenter, columnist, and author on numerous topics relating to education. He has more than 16 years of experience as a New York State public school educator. He has worked at all levels of the public school system and is presently employed as a District Director of Instructional Services in the Wilson Central School District in Wilson, New York. He has authored one book, Homework Rules and Homework Tools, *and is currently shopping his second and third books to publishers.*

BEST COPY AVAILABLE

IN YOUR FACE: Dealing with bullying

By Judy Klinger, M.Ed.

Bullying is not a new phenomenon. The latest statistics may be news to us, but the problem is not. Bullying generally begins in the early grades, and can continue even past graduation. Some children don't begin acting out and demonstrating aggressive behaviors until well into their teens. Conflicts and problems among children are not uncommon, but these must never be dismissed as age-typical behaviors, or as something that children will "outgrow."

As any guidance counselor knows, the stories from the steady stream of students on any given day can begin to seem like the same story over and over. However, every situation must be handled as if it is the first of its kind. For that child and his or her parents, the problem is unique and certainly important to them.

Bullying facts

The April 25, 2001, issue of the *Journal of the American Medical Association* featured results of a survey conducted in 1998 as part of the World Health Organization's Health Behavior in School Children survey. The survey found that 16% of children in grades 6 through 10 said they had been bullied during the past term. This study was the first to calculate the national percentage of children being bullied; several others have been conducted in specific states, school districts, or schools. One study (published in the *Journal of Counseling and Development* in 1994) found that 77% of children in Midwestern public schools felt they had been bullied. In a survey titled "Talking With Kids About Tough Issues," conducted nationwide by the Kaiser Family Foundation and Nickelodeon in 2001, 55% of kids ages 8 through 11 said that teasing and bullying were "big problems" in their schools. Although the statistics vary widely, they all support the assertion that bullying is a concern for a large number of kids.

Causes and characteristics of bullying

Why do youths fail to display appropriate social behaviors? Some lack role models or have inappropriate beliefs about aggression. Some parents of aggressive children encourage their children to "be tough" and "give 'em what they deserve" – obviously the wrong message. In many homes where both parents work, children lack sufficient supervision, and therefore aren't regularly subjected to the discipline that could teach them appropriate problem-solving skills. Children need to see models of appropriate behavior, and should be corrected when they display unacceptable forms of aggression.

Parents should also closely monitor their child's sources of entertainment.

(Continued)

ESPECIALLY FOR TEACHERS:

Words of wisdom from experienced teachers of special needs children

(Continued from page 2)

Kristina Robbins, *Teacher, KidsPeace Broadway School, Bethlehem, Pennsylvania*

1 ***Always be kind and respectful in your words and actions toward the students, regardless of their behaviors. Let them know that you care. They are more likely to respect you in return.***

2 ***Begin the school day on a positive note with a "Good morning!" and end on a positive note with "Have a nice night!" or "See you tomorrow!" regardless of the day's behaviors. Let the kids know that every day is a "new day" and a chance for them to change and start over.***

3 ***Be flexible – the day will not always go as planned. Be willing to adapt. Remember the lesson of "the survival of the fittest."***

4 ***Never be afraid to say "I'm sorry" or to admit your mistakes. The students need to know that teachers are only human and make mistakes, too.***

5 ***REMEMBER THAT YOU ARE A STUDENT AS WELL AS A TEACHER. You have the opportunity to learn as much from your students as they learn from you.***

Look for more words of wisdom on page 17.

Young children should be shielded from entertainment with adult themes like violence and sexuality, as they lack the life experience to be able to effectively distinguish it from reality.

Bullying can manifest physically, emotionally, verbally, or in any combination of these three. Bullies have often been victims themselves or are dealing with difficult personal situations. They act aggressively in order to feel in control. They may be victims of bullies themselves who have learned to ignore feelings of empathy in order to protect themselves from pain, and as a result turn their anger on others.

What parents can do

We all have some responsibility to prevent and to stop bullying. The earlier children are taught appropriate behavior, the better chance they have to change. Most adults believe that bullying is just part of growing up. Unfortunately, taking a passive stance may now lead to deadly violence, as it did in California, in both Columbine and Santana High Schools. If a parent feels his child is being bullied, he should seek help from teachers and counselors. All children should be encouraged to speak up on the behalf of others who are being picked on. When we see crime in our neighborhoods, we report it. Children need to be empowered to tell when they see or hear something that could be dangerous. We have the right to keep our environments safe. We need to teach children the difference between "telling" and "tattling."

On the other hand, if a parent feels her child is a bully, there is also help for that child. Discussions about unacceptable behavior must start early in school and at home. Parents in need of help can turn to their school's counselors to learn how to teach their children to deal with anger and frustration. Different techniques work in different situations for different children. Above all, no one should point fingers. Discussions about the "whys" of what happens in bullying situations are usually not productive. The intent should be to teach or re-teach acceptable behaviors, not to place blame. We need to earn every child's trust.

Parents should visit their children's schools to find out about the programs in place to address good behavior. It's important to get involved. Proactive and preventative programs, as well as the day-to-day reinforcement of how to get along with each other despite our differences, will have an impact on how today's children treat each other.

Judy Klinger, M.Ed., is a guidance counselor with Westminster High School in Westminster, Maryland. Although she currently works with high school students, she has also been a counselor at the elementary and middle school levels in both private and public schools. Klinger is developing a program about bullying among teenage girls.

The new street drugs

By Ginger Jackson

Over the years, illegal drug use has claimed innumerable lives either through death or through the destruction of lifestyles and relationships. While the types of drugs have changed from generation to generation, the behavioral and physical symptoms of substance abuse have not.

Impaired judgment is one of the most common signs and is frequently the first sign of drug use. When hurt or damaged, a person's judgments can further hurt one's integrity. In an adolescent, this becomes obvious through changes in behavior, such as new choices in friends, new "hang-outs," frequenting raves and other parties, a lack of interest in school, and an elimination of goals that were once important. In an adult, a lack of cohesion with others, avoiding questions, intentional quarreling as a manipulation to use drugs again, and a lack of obligation or responsibility to others are common indicators of a problem with drug use.

In an adolescent, this becomes obvious through changes in behavior, such as new choices in friends, new "hang-outs," frequenting raves and other parties, a lack of interest in school, and an elimination of goals that were once important.

Another common sign is dissociative or antisocial behavior, especially toward family members. This can include withdrawal from normal family discussions or a lack of participation in family activities, as well as conflict with others, a low frustration tolerance, rejection of authority and discipline, and inadequate conscience development. Over time, the substance abuser's conscience creates a series of defensive lies blurring reality with his fictional truth. This often causes the abuser to blame others for his actions, to manipulate friends and family to get his immediate wants met, and to place the responsibility of his decisions on someone else so he doesn't have to face feelings of guilt or regret. These feelings lead the drug user to use again, until the lie has so distorted the truth that he believes the lie he has concocted. By this time, conflict has led to rejection of family and friends and the only acquaintances of the drug user are other drug users.

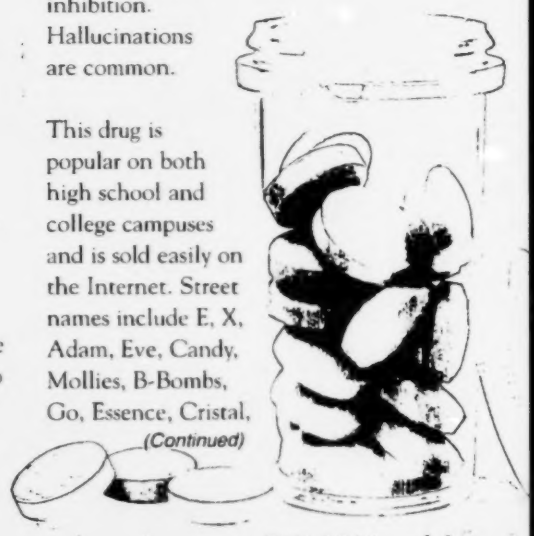
While the drug's addictive properties consume the personality of the substance abuser, physical signs of the drug use also evolve. These include confusion, paranoia, memory loss, sleeplessness or excessive sleep, aggressive behavior, extreme energy, and depression. Any or all of these symptoms can coexist through the course of drug use. Some will be present while the abuser is actively using the drug. Others are apparent when he starts losing the high of the drug, which is known as "coming down."

With the assistance of the Pennsylvania Office of the Attorney General, *Healing* magazine provides the following information on the newest and most popular street drugs to assist concerned parents and people working with youth in numerous capacities.

XTC (Ecstasy)

Chemically known as MDMA *(Methylenedioxymethamphetamine)*

XTC is a hallucinogenic stimulant that produces a strong sense of euphoria. It is the drug of choice at most raves – all-night dance parties that are popular among many young adults. Ecstasy helps the user stay awake and dance for up to 24 hours at a time. Also called the love drug, ecstasy induces a loss of sexual inhibition. Hallucinations are common.



This drug is popular on both high school and college campuses and is sold easily on the Internet. Street names include E, X, Adam, Eve, Candy, Mollies, B-Bombs, Go, Essence, Cristal,

(Continued)

and Sweeties. Mollies are found in capsule form containing a powder. Ecstasy is usually sold in pill form, but can also be a powder for snorting or injecting.

Ecstasy creates muscle tension, teeth-clenching, nausea, blurred vision, tremors, faintness, seizures, rapid heartbeat, sweating, and chills. It can also cause an acne-like rash and severe dehydration. Using Ecstasy, dancing all night, and becoming dehydrated can result in unconsciousness and death. Users face the same risks as cocaine and amphetamine users, including overdose, kidney failure, and liver damage.

The Ecstasy user is prone to bouts of confusion, anxiety, depression, sleeplessness, and paranoia because the drug attacks the serotonin levels in the brain. During use, it causes an excess of serotonin, which is depleted once the user comes down off the drug. Ecstasy can cause permanent brain damage, severe depression, aggression, and loss of memory and coordination.

PMA *(Paramethoxyamphetamine)*
PMA is often sold as ecstasy but is cheaper to make and has weaker effects. PMA is sold over the Internet, at high school and college campuses, and at raves. The pills are scrolled with various designs. The powder is sold in clear capsules (similar to Mollies, powdered ecstasy) and can be beige, pink, or yellow in color. PMA is ingested, snorted, or injected. Street names include Ecstasy, XTC, E, X, and PMA.

PMA users experience erratic eye movements, mild hallucinations, increased energy, muscle spasms, increased body temperature, nausea, vomiting, labored breathing, increased blood pressure, convulsions, failure of internal organs, coma, and death. PMA can be more dangerous than Ecstasy because the user will take two or three pills and not feel as high as with real Ecstasy. Believing the Ecstasy is weak or that he or she has developed an immunity to the drug, the user will often add to the dose. Within hours, the user's body temperature rises to 103-106 degrees, shutting down their internal organs.

Special K *(Ketamine HCL)*
Ketamine HCL was manufactured as an adult anesthetic in the 1960s, but this use was discontinued in the 1970s. It is currently utilized as an anesthetic for small children and animals. It is commonly used at raves and in conjunction with Ecstasy.

In its original form, Ketamine is factory-packaged in a clear glass 10 mL bottle. The drug can also be converted into powder and is sold in clear plastic bags as ounces or pounds, and in glass vials, tin foil, or capsules. While it can be swallowed, it is most often snorted or injected. Street names include K, Special K, Vitamin K, Kat, and Kitty Kat.

Ketamine can create paralysis from the neck down for the first fifteen minutes of use. Effects are similar to Ecstasy and include hallucinations, confusion, out-of-body experiences, and depression. Drug use can lead to respiratory arrest, brain hemorrhage, coma, and death.

GHB *(Gamma Hydroxybutyric Acid)*
In its original state, GHB is a natural fatty acid that secretes small amounts of hormones in the body. In the late 1970s, bodybuilders combined gamma butyrol lactone (cleaning solvent) and sodium hydroxide (caustic soda) to synthetically create GHB. The drug alleviated the pain and discomfort of steroid use and induced the same sleep effects as tranquilizers. Recently, it has become known as the "date drug," being used by individuals to sedate others for non-consensual sex. It is a popular drug at raves and is often used in conjunction with Special K and Ecstasy.

GHB is distributed two ways. In liquid form it is clear with a thin, syrupy consistency. It tastes and smells like salt water and is usually packaged in soda or water bottles and ingested by the capful. In powder form, its texture is very similar to cocaine and it is sold in glass vials or plastic bags. Unlike other liquid street drugs, GHB is not injected; it is swallowed. The powder form is snorted or stirred into a drink. Street names include Cherry, Georgia Homeboy, Liquid X, Easy Lay, Liquid E, G-Juice, G, Grievous Bodily Harm, Scoop, Sea Water, and Salty Water.

Physical effects of GHB include drowsiness, unconsciousness, loss of sexual inhibitions, nausea, vomiting, diarrhea, seizures, tremors, and respiratory arrest. Unsuspecting victims of this date rape drug fall into a state between consciousness and unconsciousness, and are helpless to defend themselves against sexual advances.

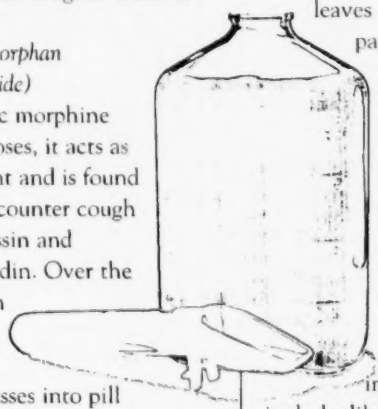
Rohypnol *(Flunitrazepam)*

Rohypnol is the brand name of a sleeping pill manufactured by Roche Pharmaceuticals that is not available by prescription in the United States. The drug belongs to the family of medications called benzodiazepines, which includes Valium, Librium, and Xanax. Another date rape drug, Rohypnol impairs judgment and motor skills. The user will black out (become unconscious), making him or her an easy target for rape. The blackout can last eight to 24 hours. The drug is commonly used as an enhancer with alcohol, cocaine, or heroin.

Street names include Roachies, LaRoche, Rope, Rib, Roche, Rophies, Roofies, Ruffies, Stupefi, and the Quaaludes (another depressant) of the 90s. Like other sedative-hypnotics, Rohypnol is addictive. The drug causes drowsiness, mental confusion, lethargy, depression, coma, and death. An overdose of Rohypnol is not lethal unless combined with other drugs or alcohol.

DXM *(Dextromethorphan Hydrobromide)*

DXM is a synthetic morphine analog. In small doses, it acts as a cough suppressant and is found in many over-the-counter cough syrups like Robitussin and gelcaps like Coricidin. Over the Internet, it is often sold in its original white powder, which the user presses into pill form or clear plastic capsules. It is often laced with mescaline or LSD and is another rave drug.



Street names include DXM, Dex, Robo, Tuss, and Triple Cs. If snorted, it will cause nosebleeds. DXM trips are characterized by four plateaus. The first plateau is a feeling of slight intoxication. The second plateau includes the first but adds a strobe (flashing) effect from sights and sounds with mild hallucinations and short-term memory loss. The third plateau causes unpleasant hallucinations and disturbances in thinking, senses, and memory. The fourth plateau is similar to the sub-anesthetic effects of Ketamine with dissociation of mind and body, and is therefore considered the most dangerous physically and psychologically.

DXM produces dissociative behavior, dizziness, nausea, itchy skin, hallucinations, loss of motor control, heat stroke, dehydration, coma, and death.

PCP *(Phencyclidine)*

PCP is a synthetically manufactured drug that was originally used as a horse tranquilizer and human anesthetic. Since these uses have been discontinued, PCP has become another popular rave drug. PCP is sold on street corners, at raves, and in areas where cocaine and crack cocaine are sold.

PCP is sold as a powder in clear plastic bags and as a white pill about the size of an aspirin tablet. However, PCP is most popular in its liquid form. The liquid is sprayed on tea, oregano, and mint leaves and rolled into cigarette paper and hollowed-out cigars called blunts. The laced leaves are sold in small glass vials or plastic bags, and are referred to as Leak or Wet. Besides Leak and Wet, other street names include Dust, Angel Dust, and Love Boat.

Users of PCP can be highly dangerous when under the influence of the drug. Effects include dilated eyes, nausea, vomiting, respiratory failure, heart failure, rigid robotic body movements, profuse sweating, combative and violent behavior, paranoia, extremely high pain tolerance (or total loss of sensitivity to pain), hallucinations, dissociative behavior, coma, and death.

LSD *(Lysergic Acid Diethylamide)*

LSD is a strong hallucinogenic drug. The chief ingredient in LSD amplifies the user's senses by up to 1,000 times. Chemists and "cooks" have eliminated strychnine as a cutting agent, which has made LSD more potent. This drug is widely sold over the Internet and at raves.

The most common form of LSD is blotter paper. The paper is white or white with lines (indicating 100 dosage units or a "sheet"), or possessing various designs such as cartoons and CD covers. LSD can be ingested in liquid, gel tab, sugar cube, or paper form. The liquid form is commonly placed in 10 dosage unit quantities (100 drops) into breath freshener containers. Individual drops can be sold as well. Usually a drop is placed in the user's eye or on the user's tongue, but distributors also place drops on sugar cubes. LSD can also be absorbed through the skin. Street names include Sid, Cyd, Trip, L, Blotter, Vials, and Gellies.

LSD causes hallucinations, disorientation, memory loss, nausea, psychosis, elevated blood pressure, paranoia, neurological disorders (twitching), coma, and death. It takes 30 to 90 minutes to feel the effects of LSD.

Oxycontin (Painkiller)

Oxycontin, an opioid, is a newer version of Oxycodone, which is a cousin of morphine. In the past, Oxycodone was sold under the brand names Percodan, Percocet, and Tylox. Oxycodone is time-released, entering the bloodstream gradually over a 24-hour period. Opioid drugs derived from Opium, which is extracted from the opium poppy, include opium, heroin, morphine, hydrocodone, codeine, and oxycodone. The effects of Oxycontin are very similar to Heroin, producing a relaxed, calm sense of well-being. Opioids bind rapidly to opioid receptors in the brain. They alter the lymbic system, which controls emotions, and block pain messages from the spinal cord to the body. Also known as Poor Man's Heroin, Oxycontin can be obtained with a doctor's prescription. Opioids slow bodily functions like heart

(Continued)

rate, breathing, and digestion. Street names include Oxy, Oxycotton, and Oxy 80s. Side effects include constipation, nausea, vomiting, sleepiness, lack of interest, dizziness, itching, headache, dry mouth, weakness, and sweating. Signs of overdose include tiny pupils, slow heart rate and breathing, low body temperatures, seizures, coma, and death.

Not MY teen!

Studies show many parents underestimate the prevalence of marijuana use among teens.

	Percentage of parents who believe this:	Percentage of teens who believe this:
Teenagers can find marijuana easily.	**43%**	**58%**
Smoking marijuana is harmful.	**33%**	**18%**
A young person's friends smoke marijuana.	**45%**	**71%**
My teen has (I have) tried marijuana.	**21%**	**44%**
My teen has (I have) been offered an illicit drug.	**38%**	**59%**

[Source: Partnership for a Drug-Free America, Partnership Attitude Tracking Study, 1998. Table reprinted with permission from *Student Assistance Journal*, Winter 2001.]

Oxycontin is considered an extremely dangerous drug because it is highly and quickly addictive. At first, the drug abuser chases the euphoric high. Like all opioids, the drug mimics endorphins, the body's natural pain and stress relievers. Eventually, the abuser needs more of the drug to get the same high. Finally, the abuser needs the drug to chase away the withdrawal symptoms. The Oxycontin addict often switches to Heroin because it is less expensive on the black market than Oxycontin.

Inhalants

Inhalants include aerosols, glues, and solvents. Street names include laughing gas, poppers, rush, and amies. Huffing, which means sniffing the inhalant, can cause headaches, hallucinations, violent behavior, and loss of bladder and bowel control. Huffing can cause such severe brain damage that the user permanently loses his or her ability to walk, talk, and think. Sudden Sniffing Death is the term used for a fatal overdose by huffing.

Steroids

Anabolic steroids are synthetic substances related to the male sex hormones (androgens). In the late 1930s, steroids were developed to treat hypogonadism, a condition in which the testes do not produce sufficient testosterone for normal growth and sexual function. Because anabolic steroids facilitate the growth of skeletal muscle, they became popular among weightlifters, bodybuilders, and athletes.

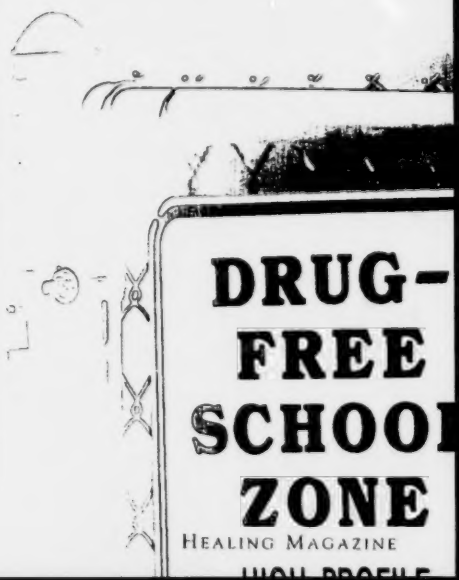
There are more than 100 different anabolic steroids available by prescription. Steroid abusers obtain illegal steroids that have been smuggled into the United States from other countries or produced in illegal laboratories. Steroids are referred to by their prescription name. The most commonly abused oral steroids are Anadrol, Oxandrin, Dianobol, and Winstrol. The most commonly abused injectable steroids are Deca-Durabolin, Durabolin, Depo-Testosterone, and Equipoise.

Steroid use leads to aggressive behavior, depression, liver damage, heart attacks, and strokes. Women abusers can experience menstrual problems and facial hair growth. Men may notice testicle shrinkage.

It takes courage and strength of will for a substance abuser to conquer addiction. In many cases, the drug user loses everything or experiences something so tragic that he makes a decision to get straight and sober. But drug abusers can not and should not do it alone. The physical effects of withdrawal need to be monitored by a physician. Counseling and support groups are recommended for the abuser. Support groups are essential to the success of a recovery program. If you are a substance abuser or a loved one of a substance abuser, the following resources can get you started toward a life free of addiction and its devastation.

Resources

National Alcohol/Drug Referral Network – www.nationalhotline.org
The U.S. Surgeon General's Office – www.surgeongeneral.gov
Safe & Drug-Free Schools Program – www.ed.gov/offices/OESE/SDFS
Community Drug Coalitions of America – www.cadca.org
Center for Substance Abuse Prevention – www.preventionregistry.org
National Inhalant Prevention Coalition – www.inhalants.org
Partnership for a Drug-Free America – www.drugfreeamerica.org
Pennsylvania Department of Health – www.health.state.pa.us



Relationship and dating violence among teens

By Stephanie A. Cipriani

We've all heard the stories of abuse toward women. The front page of a newspaper headline reads "Woman found dead from severe beating." The local radio station opens its nightly report with "Drugs and alcohol contributed to the latest attack of a 30-year-old woman." And bookstores line shelves with the stories of survivors of domestic violence. These stories abound in our communities and our neighborhoods, with our families and friends. Of course, they're not just stories. And they're not just about adults. Teenage girls are as susceptible to relationship violence as adult women, and the problem isn't any less severe because they're young.

(Continued)

A step toward public awareness

The August 1, 2001, issue of *The Journal of the American Medical Association* (JAMA) published a study by the Harvard School of Public Health on the subject of teenage dating violence (http://jama.ama-assn.org). The study, compiled from the results of the 1997 and 1999 Massachusetts Youth Behavior Survey, analyzed the findings of a survey that had been distributed to high school students across the state. Focusing solely on the responses of Massachusetts high school-age girls, the study did not reveal exactly what causes dating violence among teens or if the victims are seeking help if in an abusive relationship. However, it did help open up the door to learning more about this rising problem.

According to the study, one in five girls had experienced physical or sexual violence by a dating partner. Many of the surveyed girls who were subjected to abuse admitted to engaging in risky behavior such as smoking, suicide ideation and attempts, unprotected sex, drug use, or unhealthy weight control methods. These findings suggest a connection between relationship violence and self-destructive behavior in teenage girls.

A special report published by the United States Department of Justice in May 2000 focused on intimate partner violence. Based on the results of the National Crime Victimization Survey (NCVS), women between the ages of 16 and 24 experienced the highest rates of intimate partner violence. Women ages 16 to 19 reported 17.4 percent of all nonlethal intimate partner violence, and girls ages 12 to 15 accounted for 2.5 percent. The NCVS demonstrates that teenage girls all over the nation experience intimate violence.

Understanding the possibilities

Karen Carnabucci, MSS, CICSW, LSW, TEP, of Racine, Wisconsin, has worked with teenage clients who have experienced abuse in a dating relationship. Carnabucci is a teacher and a practitioner of psychodrama and nontraditional therapies who has helped clients with trauma and addiction problems. She cautions against assuming that only girls in certain ethnic, peer, or socioeconomic groups are victims of this type of abuse. According to Carnabucci, any young woman can experience these problems. She has met some teenagers who see violence and abuse as common and normal interaction between parents or guardians within a household. If a girl sees this type of behavior every day, she may assume that a certain level of violence – hitting, pushing, or threatening – is normal for couples. She may think that hitting back is a method of protection.

Some girls are unaware they are in a violent relationship and are surprised when they realize what kind of person they're dating. If a naïve teenager does not pick up the clues right away, she may not realize she has gotten into a dangerous situation. For example, if a young woman gets involved with a controlling boyfriend very quickly, he may have an easy influence on her behavior. His control over her can vary from what clothes she wears to what kind of music she listens to. "Teen dating violence is just emerging as an important social issue and there is not a lot of solid documentation," says Carnabucci. "The JAMA article identified just physical violence – the number would be a lot higher if it included verbal abuse, threats, and controlling behavior. Young men can be victimized as well. Some teenage girls threaten to injure or even kill themselves if the young man leaves them. Stalking young men with unwanted attention is another form of abuse."

Helping parents understand

It is important for parents to recognize warning signs in their teenagers. (See "Signs of the times," next page.) Having open communication between parent and teen is the first step to identifying problems. Parents should know whom their child is dating. Does he appear possessive? Is he openly critical of her appearance, physical characteristics, friends, or opinions? Is she spending more time with him than with her friends? Has she ever had unexplained cuts, bruises, or other injuries? It is crucial for parents to be attentive to their teenagers' needs. Young girls may not share relationship problems with their parents, especially when the issue is embarrassing or difficult to discuss – like abuse. Reluctance may stem from the fear that others will find out about the abuse, or, in the case of a same-sex relationship, from the stigma attached to the homosexual lifestyle choice that makes it harder for teenagers to ask for

help. Assuring your child that it is OK for her to approach you with any type of issue is the first step in preventing her involvement in or getting her out of an abusive relationship.

The Melrose Alliance Against Violence, Melrose, Massachusetts (www.maav.org), offers five tips for parenting healthy relationships:

- **Teach your teen to protect herself.**
- **Teach your teen to be assertive.**
- **Practice conflict resolution in the home.**
- **Challenge the attitudes and images that create a tolerance for violence in intimate relationships.**
- **Help your teen identify and define healthy relationships.**

The JAMA article has helped alert the public to this growing problem, but is only the beginning of understanding why adolescent relationships may turn violent. For more information on teenage dating violence, there are several Web sites that offer advice and resources for teens in abusive relationships. Parents should not hesitate to get help for a teenager who may be in an abusive relationship.

Signs of the times

According to the National Youth Violence Prevention Resource Center, there are several warning signs of abusive relationships. Consider these signs:

- **Change in style of clothing or makeup**
- **Loss of confidence in herself and difficulty making decisions**
- **Spending less or no time with her parents or friends**
- **Begin to receive failing grades or quit school activities**
- **A turn to drug or alcohol use**

Internet resources:

www.break-the-cycle.org
Break the Cycle is a California-based non-profit organization dedicated to ending domestic violence by working proactively with youth ages 12-22 and offering them preventative education, free legal services, advocacy, and support.

www.maav.org
The Melrose Alliance Against Violence is a Massachusetts-based, non-profit, community-based organization dedicated to raising awareness about violence problems through community outreach and education programs.

www.loveisnotabuse.com
Sponsored by Liz Claiborne, this Web site offers informational pamphlets for parents and teens on the dangers of teenage dating violence.

www.abanet.org/domviol
The Web site of the American Bar Association Commission on Domestic Violence contains pages concerning teenage dating violence as well as secure links to other resources and organizations available around the country.

www.ncadv.org
The National Coalition Against Domestic Violence contains information on related Web sites, resources, addresses, and advice about violence prevention.

ESPECIALLY FOR TEACHERS:

Words of wisdom from experienced teachers of special needs children

(Continued from page 10)

Petrina Durand,
Teacher,
KidsPeace William Penn School, Allentown, Pennsylvania

1 ***Focus on the positive behaviors in the classroom with less attention given to the negative. Reinforce positive behaviors constantly and consistently.***

2 ***Be willing to set up individual behavior plans or contracts for students who need extra help with their problems.***

3 ***Search to find the right rewards that motivate your students to work.***

4 ***Make clear-cut expectations involving behavior and assignments.***

5 ***Allow the student to verbalize appropriately about their behaviors, or their feelings, at the right time.***

6 ***Leave the problems at school. Go home with a clear mind. Start fresh the next day.***

Look for more words of wisdom on page 23.

KidsPeace kids connect

by Dean A. Bartholomew

Since March 2001, KidsPeace has been receiving letters from notable people around the world like the Dalai Lama, Steven Spielberg, Pope John Paul II, and the Missionaries of Charity, the late Mother Theresa's mission in Calcutta, India. Other letters have come from peace-loving rabbis, Quakers, Lutherans, and others. The reason for the letters is no mystery to mailroom personnel, though. They are all addressed to the kids of KidsPeace and Marian Johnson Schappell, one of KidsPeace's two spirituality teachers.

KidsPeace Spirituality Teacher George Jacobs helps his students find answers to tough questions like "Why am I here?"

For adults and children alike, the tragic events of September 11, 2001, suddenly sent us all on a new search for meaning and reality beyond ourselves to find where our true, underlying security lies. A renewed interest in spiritual things was one result. As President George Bush said at a recent prayer breakfast, "... millions of Americans have been led to prayer. They have prayed for comfort in a time of grief; for understanding in a time of anger; for protection in a time of uncertainty. ... [Spirituality] gives the assurance that our lives and our history have a moral design. As individuals, we know that suffering is temporary, and hope is eternal."

Finding calm in spirituality

A voluntary program started in 1996 at KidsPeace Hospital has helped kids on the same journey try to understand why events occur in their lives, and to find comfort in their own beliefs. Kids who experience trauma often ask the biggest questions of their lives: Why didn't God protect me? Who am I? Why am I here? What is the meaning of life? What is love? How can I forgive or be forgiven? As George Jacobs, spirituality teacher at KidsPeace, puts it, "It is our challenge as spiritual mentors to provide a doorway into this vital exploration in a positive and life-enhancing way." To help his students find answers to tough questions like this, Jacobs finds that the spiritual approach is effective: "The particular religion you practice is not important; instead, what you gain of spirituality is. It is important to take on spiritual values," says Jacobs.

Jacobs, a graduate of the New Seminary in New York City, works in group and individual settings and exclaims, "Kids are so beautiful; how can you not love them? In helping them connect with that beauty, we connect with our own. We love the children; we present and demonstrate open, unconditional, nonjudgmental love; and we help kids understand how beautiful they are." He finds it important to involve the parents in the process of working on their own spirituality as well.

KidsPeace kids celebrate peacemakers

In an effort to inspire kids in her spiritual formation class to understand peace, Schappell asks them to expand their sights around the world and think "glocally" – to discover that what we think and do in our local region has global implications. She challenges them to choose the people they think are doing the best job of spreading harmony to the greatest number of people. She also helps them by suggesting a number of possible candidates.

Schappell and the kids then send each chosen person a letter of thanks along with a handmade strand of clay and plastic beads. "The children of KidsPeace and I are sending you these Peace Prayer Beads as a way to express our gratitude for being 'A Person of Peace,'" the letter states. "As a special outreach project, we decided to make these peace prayer beads to send to a small number of special people. We chose people throughout the world whom we feel have dedicated their lives to bringing peace, love, and dignity to all people."

The kids sent out a total of 30 letters with prayer beads. The responses were amazing! The kids received replies from as far away as Calcutta, India, and Rome, Italy. Honored recipients from Pennsylvania to California acknowledged the gift of beads.

"The children of KidsPeace and I are sending you these Peace Prayer Beads as a way to express our gratitude for being 'A Person of Peace,'" the letter states.

Helene Huber, a Quaker artist from Peace Prayer Missiles, Salford. Pennsylvania wrote: "Dear young peacemakers, I hope that your peacemaking efforts will

with world peacemakers

continue to reward you on your life's journey. ...
P.S.: I immediately put the beads around my neck and whenever I wear them I will tell people about my young friends who seek a peaceful world."

The kids nominated *Steven Spielberg* for his epic movies and received his response on DreamWorks SKG stationery. His associate Kris Kelley wrote back: "Steven Spielberg asked me to thank you for the gift you thoughtfully sent him. ... Mr. Spielberg wanted you to know how much your letter meant to him. Your thoughtful gesture was appreciated."

The profound simplicity of the children's gift to *Pope John Paul II* prompted this reply, by way of Monsignor Pedro López Quintana, from the Vatican: "The Holy Father has asked me to thank you for the kind letter sent to him by the children of KidsPeace in Orefield. He is most grateful for your thoughtful gift. His Holiness will remember all of you in his prayers and he cordially invokes upon you God's blessings of joy and peace."

Tensin Taklha, Deputy Secretary of the Office of *His Holiness the Dalai Lama*, acknowledged the choice of the current head of Tibetan Buddhism as a "Person of Peace" by writing: "I have been directed to thank you for your letter and especially for sending your gift of Peace Prayer Beads. ... I am pleased to convey to you and the children of KidsPeace His Holiness the Dalai Lama's appreciation and prayers for your efforts in promoting world peace."

Rabbi Joseph H. Gelberman, founder and director of The New Seminary of New York City, New York, the interfaith seminary from which Jacobs graduated, e-mailed this reply: "What a great idea! To have children create prayer beads for peace with their own little innocent hands."

Sister M. Nirmala, M.C., of the *Missionaries of Charity in Calcutta*, India, responded with a personal letter from her own typewriter, saying, "I thank you and all the children in 'KidsPeace National Center' for sending your Prayer Beads to us through your letter. I praise and thank God for you, for the beautiful work you do in dedicating your time to bring peace to the world through the power of prayer. ... Our Mother, *Mother Teresa*, used to say: 'Works of love are works of peace.' Let us then ... promote peace and unity among men. ... God bless you and all the children."

Marian Johnson Schappell, Sprituality Teacher at KidsPeace, asks her students to expand their sights and think "glocally" – to discover that what we think and do in our local region has global implications.

Reaching the world with a message of peace

When asked what she hopes to accomplish with this project, Schappell replies that her purpose is to help the kids realize they can reach out to people spiritually without the need to meet them in person. "A lot of my kids at KidsPeace were feeling restricted, of little value, and without influence outside of the campus," Schappell says. "I was looking for an activity that would help them realize they can have an effect on people all over the world, that their prayers and good wishes mean something! Through crafting and offering the prayer beads to well-known people, they discover that these people are reachable, that each one is an individual, and that famous people achieve their celebrity by caring about individuals."

The kind of recognition generated by Schappell's outreach is priceless. It demonstrates the universal nature of the quest to promote and encourage peacemaking, amity, and understanding around the world.

Schappell's idea has been repeated again this year with her new classes. This spring, after the horror of the attacks on our nation, a fresh mailing included letters and Peace Prayer Beads to former New York City Mayor Rudolph Giuliani, New York Governor George Pataki, and President George W. Bush. The kids also nominated Coretta Scott King and her family, the family of Mahatma Ghandi, Nelson Mandela, Bishop Desmond Tutu, and Prime Minister Tony Blair.

Schappell says, "Hope is the essence of the future, and spirituality brings us hope." She has alerted the mailroom to watch for another round of envelopes with international postmarks to be delivered to the eagerly awaiting kids in her spirituality classes.

If you would like information on how to make and send out your own "Peace Prayer Beads," Marian Johnson Schappell may be reached at 610-799-7930. George Jacobs may be reached at 610-799-7525.

TeenCentral.Net helps teens tackle tobacco

by Stephanie A. Cipriani

"I just feel stupid when I'm around my friends who are smoking and I'm not, so I light one up to feel like I fit in, even though I know they don't care if I don't smoke. I don't have any problems in school, my grades are good and I'm well liked, but still I feel like I need to smoke. Every time I try to stop, I can't. Even when I'm not around those friends, I still want to smoke, so I can feel like I'm part of some group. Help me."

Since 1998, TeenCentral.Net, KidsPeace's innovative and interactive teen-oriented Web site, has been helping young adults cope with and handle numerous issues through the use of online counselors. Now, thanks to a grant, TeenCentral is tackling smoking – a problem that affects over four million adolescents daily. The grant money, awarded to TeenCentral.Net through its Managers Julius Licata and Ginger Papp, is being used to build and support the maintenance of the site's new "Stop Smoking" section, which became functional on May 22, 2002.

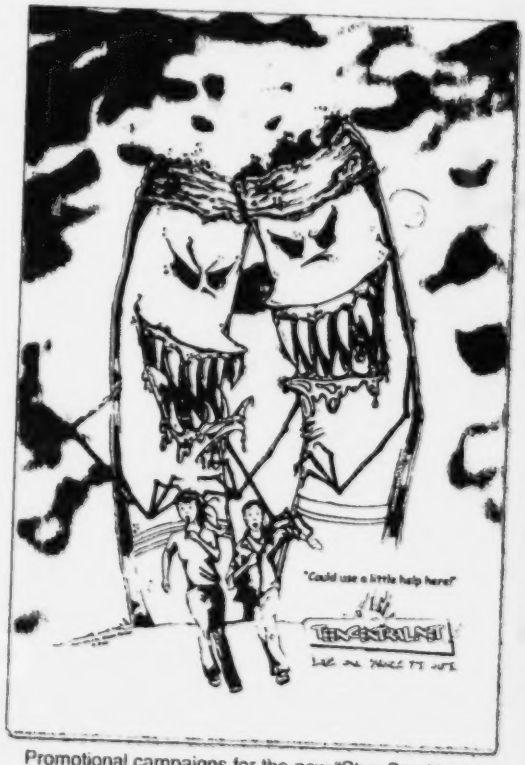
Understanding the need

The idea for a smoking cessation section came after a brainstorming session between Licata and Papp, who were hoping to expand the already broad spectrum of issues covered by TeenCentral. By reviewing the topics posted, it became clear that smoking is a common problem among teens. The two found that teens logging on to the site write in regularly about smoking issues, and often search for updated information on the subject. Licata says, "We wanted to offer different options so that, if funding were to become available, we could do something for our entire community." So when development began, Licata and Papp developed a confidential survey for the site that covers all aspects of why youth begin to smoke, what problems it causes for them, and why they want to quit.

A virtual tour

The smoking cessation section opens with a smoker survey that must be completed to enter the site. This allows Licata and Papp to gain a better understanding of the reasons the teen started smoking and why they are interested in quitting. According to Papp, "The survey also allows us to confidentially track which teens are using the smoking cessation section. By accessing information based on their user name, we can determine demographic information such as age groups, sex, and how long they've been smoking. This will help us in the future for updating the section, especially when we are able to create interactive diaries." Presently, the diaries are intended for teens to track the progress of their smoking cessation. In the near future, the journals will be interactive, so that TeenCentral staff can read the entries and respond. "When people try to quit smoking, it is helpful to receive feedback," says Licata. "If they are just writing in a journal, they might think it is a pointless routine. There is an emotional need for support that, even after successfully kicking the nicotine craving, still affects a person psychologically. By interacting with teens through their diaries, we can help relieve this aspect of the addiction."

A "money waster" calculator on the site helps teens better understand that smoking is bad not only for their health, but for their wallets as well. By entering the cost of a pack of cigarettes and the number smoked daily, the calculator determines how much money is spent on cigarettes in a week, a month, and a year. A page of well researched and continuously updated facts about smoking also helps enlighten site participants, as well as a page that features a daily "quit smoking" activity for teens to work on and record in their diaries. Also included in the section is a page of teens' smoking-related stories and responses by TeenCentral counselors.



Promotional campaigns for the new "Stop Smoking" section of the Web site will feature this poster, illustrated especially for TeenCentral by *Healing* magazine Art Director, Shawn Parker.

What the future holds

The next step for TeenCentral's smoking cessation section is advertising. Promotional campaigns for the new section will include magazine ads and poster campaigns for schools around the country. Yet even without advertising, the section is already generating interest. In less than two months, 792 teens had completed the survey and another 17,628 teens had viewed the survey. Licata and Papp are excited about this promising start and look forward to more hits once promotion begins. Licata says, "We just want to see more and more improvement over time. We're off to a great start!"

56

"I feel so smart now!"

Unique language-skills computer program helps kids with much more than phonics and syntax

by Tiffany A. Fisk

Joey's fourth grade teacher was frustrated. The handwriting on all of 10-year-old Joey's schoolwork was illegible. Most of the letters were so distorted that she couldn't even guess what he was writing. And his attention-deficit/hyperactivity disorder (ADHD) and obsessive compulsive disorder (OCD) were only complicating the learning process. Joey dressed slovenly, seldom participated in class, and colored all of his pictures with a black crayon. Joey's teachers knew they needed to try a different approach.

Upon evaluation, Mary Rains, Reading Specialist for KidsPeace Schools, Speech Pathologist Linda Milliman, and fellow Reading Specialist Donna Madeira noted that Joey, and many students like him, had language-processing disorders: a sign that the students needed further instruction in phonological awareness – or, phonics. Other noticeable weaknesses included listening comprehension, sustained attention, vocabulary, syntax, and grammar skills. The teachers' proposed solution was to find a fun, easy-to-use computer program to target these specific problematic areas.

Technology and teaching go hand in hand

After examining various programs, the trio found only one that addressed their required areas. Fast ForWord, developed by Scientific Learning Corporation in Berkeley, California, integrates phonological awareness with other language skills, including syntax, morphology, and grammar. Since the first trial in 1995, more than 150,000 children have successfully used the program. But the teachers soon realized that no testing had been conducted on students with emotional or behavioral problems, a void which posed an interesting opportunity for both KidsPeace and Scientific Learning.

With the support of Scientific Learning, Rains, Milliman, and Madeira implemented a Fast ForWord Pilot Program at KidsPeace's William Penn School in Allentown, Pennsylvania. In the summer of 2000, Joey and nine other students at various academic levels ages 8 through 14 "played" Fast ForWord for 100 minutes a day, five days a week, for eight weeks.

The results were conclusive. Language skills increased an average of three years and two months for the 10 students. Reading skills also improved across the board. The students' other teachers noticed a remarkable change in the participants; not only had the students improved academically, they were more inclined to do artistic projects, more willing to participate in class activities, and exhibited more self-esteem. A follow-up study six months later showed an additional one-year gain in total language skills.

"Opening up a whole new world"

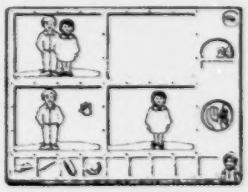
According to Dr. Martha Burns, speech pathologist and Senior Clinical Specialist and Director of Professional Relations for Scientific Learning, KidsPeace is paving the way for other schools with a clinically similar student population. "KidsPeace is opening up a whole new world for us," she says. "They are giving us some hard data that says this program helps. ... There are children who say, 'I feel so smart now!' I am so excited about what we can do for children."

Burns explains that language and reading problems in children are largely due to their brains' slower processing rates. Fast ForWord works by slowing the rate of speech in the program to match the rate at which the children hear and process verbal cues: a process called "acoustically modified speech."

Before Fast ForWord, Joey's Total Language level was 7 years, 6 months. By the first post-test, his scores rose to 13 years, 9 months, and by February 2001, his scores had improved to 15 years, 0 months. His class work also showed a remarkable difference; his teachers noticed he was more social, participated in class on a regular basis, stood up straight – even his once black pictures took on a rainbow of colors.

"[All of] the students can express themselves better," says Rains. "Once you improve language and reading skills, you will strengthen educational and social skills as well."

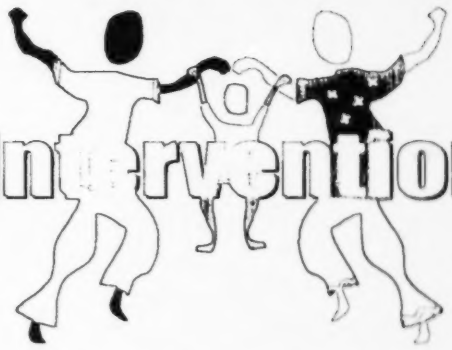
For more information on Fast ForWord software, please call Scientific Learning's toll-free customer service number, 1-888-358-0212, or visit their Web site at www.scientificlearning.com.



Fast ForWord incorporates a series of games that utilize "acoustically modified speech" to help kids with phonics, syntax, and grammar.

KidsPeace®
The National Center for Kids Overcoming Crisis

Life Space Crisis Intervention



October 21-25, 2002

Orefield, Pennsylvania

KidsPeace is a National Training Site for the Life Space Crisis Intervention Institute. Completion of this 40-hour course leads to certification in LSCI from the Life Space Crisis Intervention Institute of Hagerstown, Maryland. Graduate credit available.

Problem-solving strategies target six self-defeating patterns of behavior:

Imported problems:
Stress in a child's life space is carried to another setting where it sparks conflict.

Thinking biases:
Distorted perceptions and thinking errors lead to chronic emotional and behavioral problems.

Skill deficits:
Problems are caused by inadequacy in social skills and self-management competencies.

Peer manipulation:
Youth entangled in destructive peer relationships are vulnerable to manipulation.

Self-defeating behavior:
Youth who feel worthless or guilty and lack self-respect act in ways that are damaging to self.

Antisocial patterns:
Youth may be comfortable with bullying or other delinquent behavior and show little conscience.

LSCI is a therapeutic strategy for using crisis situations as opportunities to help students learn alternatives to patterns of aggressive, disrespectful, or self-demeaning behavior. LSCI is being successfully used by teachers, counselors, alternative and special educators, mental health and juvenile justice staff, residential child-care professionals, administrators, and others who deal directly with youth in conflict with family, school, and community.

LSCI blends psychodynamic, cognitive, behavioral, and pro-social methods to develop powerful teaching and treatment interventions for our most challenging youth.

For more information, please call:

610-799-7170

Registration form: Detach here. Please return by October 7. ❑ Check for early registration

Life Space Crisis Intervention: Crisis as Opportunity

A training providing strategies and skills for working with student behavioral problems
(please print) For more information, please visit us on the Internet at **www.kidspeace.org**.

October 21-25, 2002

Mail your registration form and your payment to:
The KidsPeace Institute
Attn: Jodi Campbell
5300 KidsPeace Drive
Orefield, PA 18069

Name: _____ Position: _____
(as should appear on certificate)

Institution: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

CEU/CE credits needed for: ❑ APA ❑ PA Social Work ❑ DE Social Work ❑ NBCC ❑ PSNA ❑ Rec. Therapy

Payment method: Visa, MasterCard, Personal Check, or Business Check *(payable to KidsPeace)* ❑ Visa ❑ MasterCard

Name *(as it appears on credit card)*: _____

Credit card number: _____ Expiration date: _____ Signature: _____

*Payment required with registration form.

confH702

An ounce of intervention:

Student Assistance Programs address barriers to learning

By Miriam H. DiBiase

The first Student Assistance Programs (SAPs) were begun in the 1970s, modeled after the newly initiated and highly successful Employee Assistance Programs (EAPs) of many large companies. SAPs and EAPs were both originally implemented to help students or employees who had substance abuse problems. But the programs didn't reach their full potential until the mid- to late-1980s, when most programs added a mental health component. Since then, more than 9,000 SAPs have been formed in 18 states across the nation.

Ronny's difficulties

Fourteen-year-old Ronny was having trouble in school. He was depressed, didn't have many friends, and resented his parents' divorce. Ronny had also been experimenting with drugs and alcohol. Student Assistance team members in Ronny's school recognized the need for immediate intervention, and referred him to the SAP's mental health professional for an evaluation.

How SAPs work

Student Assistance Programs are a way for educators, parents, and students to communicate about barriers to learning. While they can't provide outpatient treatment for students' problems within the school setting, Student Assistance teams can provide counseling sessions, coping strategies, support for grieving students, and information on how to access specialized services outside of the scope of the school.

Teams can be made up of any combination of school professionals – from teachers to janitors to coaches to nurses – in addition to a mental health professional employed either by the school or by a community agency. All are thoroughly trained and certified. According to the Pennsylvania SAP Web site (www.sap.state.pa.us), "Student assistance team members are trained to identify problems, determine whether or not the presenting problem lies within the responsibility of the school, and make recommendations to assist the student and the parent."

Martha Harvie, MA, is the Senior Student Assistance Mental Health Professional at KidsPeace. Harvie is part of a team of six mental health professionals from KidsPeace who organize, assist, and evaluate SAPs in the school districts of Lehigh County, Pennsylvania. According to Harvie,

(Continued)

ESPECIALLY FOR TEACHERS:

Words of wisdom from experienced teachers of special needs children

(Continued from page 17)

Susan Malacavage, *Teacher,*
KidsPeace Donley Therapeutic Education Center, Orefield, Pennsylvania

1 ***Always over-prepare for the day. You can always finish the lesson the next day if you run out of time. However, if the students finish their work early, they end up with unstructured time, which leaves an opportunity for them to get into mischief.***

2 ***Not all students will finish their work at the same time, which means some unstructured time is inevitable. It is a good idea to write out a list of activities on the board, so that when your students have completed their lessons, they are clear on what they are allowed to do.***

3 ***It is a good idea to put on the board a scheduled listing of what you expect to accomplish that day and the scheduled times for each subject. Students tend to be more relaxed when they know what to expect and what is expected of them.***

4 ***Open communications with other teachers and parents are essential. The more students see that you are all on the same page, the less they will try to manipulate you. It's important kids see that they are being consistently held accountable for their actions – both in and out of school.***

We know you've enjoyed reading *Healing* magazine. Now, please consider helping us bring this valuable information to you.

The high costs of printing and mailing our publication have prompted us to come to you, our readers, and ask for your financial assistance. If you've enjoyed the in-depth articles you've been reading in *Healing* magazine, if they've helped you help the kids in your care, then please consider supporting KidsPeace financially through a voluntary subscription to *Healing* magazine.

For more information, please call **1-800-25-PEACE**, extension 8340. Or e-mail us at **healing@kidspeace.org**. *Healing* is NOW available on the Web at **www.kidspeace.org**.

Voluntary Subscription Form

❑ Yes! I'd like to be added to the KidsPeace in-house mailing list.

❑ Yes, I want to support the continued quality and distribution of *Healing* magazine through my voluntary subscription*

Name/Title_____

Company Name_____ Address_____

City_____ State_____ Zip Code_____

E-mail (required)_____

❑ MasterCard ❑ Visa Account Number_____

Expiration Date__/__/__ Authorized Signature_____

Please complete this form and return it to: **KidsPeace Fulfillment Department**
1650 Broadyway
Bethlehem, PA 18015-9958

60

Or e-mail us at: **healing@kidspeace.org**.
Please make checks payable to **KidsPeace**. **Thank you.** **A $20 subscription fee is suggested.*

"Students are referred to SAPs by parents, teachers, guidance counselors, probation officers, administrators, peers – they can even refer themselves." The guidance counselor (or other designated team member) reviews the referral information and contacts the student and his or her parents. Parent permission must be secured in order to proceed with any SAP services for that student.

The process varies depending on the school district's regulations, the student's needs, and the availability of appropriate services. "Each school has developed its own referral process to best meet the needs of the student and to expedite the process," says Harvie.

Why SAPs work

Because they make help available to kids as soon as problems begin to occur, the benefits of SAPs to schools are immeasurable. Editor Susan Hipsley notes in the Winter 2001 edition of Students Assistance Journal ("Student Assistance Programs Benefit Everyone"), "The bottom line on SAPs is that they contribute significantly to overall academic achievement." How? Hipsley states that when students with emotional or social troubles learn coping and behavioral skills through SAPs, they disrupt class less, allowing the teachers more time to teach the entire class; they are able to perform better on tests when substance-free and emotionally stable; and they are less likely to negatively influence other students in or out of the classroom.

Problems facing SAPs

The problems facing SAPs often center around the difficulty of proving the programs' effectiveness. "Who knows how many kids *don't* get into trouble with alcohol or other drugs or *don't* become violent because they learned about the dangers of substance use and aggressive behavior in a prevention or life skills program?" Hipsley asks in her article.

But even without hard numbers, anecdotal evidence suggests that SAPs are working. The Web site of the Association of Student Assistance Professionals of Vermont (http://home.adelphia.net/~asapvt/index.htm) cites many success stories. One student says on the site, "I don't think I could have made it without [my student assistance counselor]. ... [He] caught my alcoholism and depression. ... I would have been worse off down the road if I had not known of [these services] ... especially when I went to college where there is more pressure to drink."

How to support SAPs

According to Robert L. Kolenda, Science Head Teacher in Neshaminy School District, Langhorn, Pennsylvania, there are several ways to support your local school district's SAP. "The number one need for these programs is money," says Kolenda, who serves on his school's SAP team. "Team members need to be trained and the services and facilities need to be paid for." SAP supporters can volunteer to help raise money, or to write grant applications.

Advocates of SAPs can also visit school board and PTA meetings to voice their support of the program. When school boards see there is community and parental support for SAPs, they're more likely to allocate funds and fight to keep these services available.

Kolenda emphasizes the importance of educating parents about their school's program. "Parents have to be taught that the SAP isn't out to get their kid – it's there to help," he says. "The SAP team should give parents ideas for how to talk to their kids about their problems. The parents should always be part of the process, never alienated from it."

If there isn't an SAP in the local school district, Kolenda notes, parents and others can appeal to the school district to implement one. "Encourage the administration and school board to institute a Student Assistance Program," says Kolenda. "Do your homework – get on the Web, talk to neighboring school districts. Go to the meetings prepared."

Ronny's assessment

In Ronny's case, the guidance counselor who reviewed his referral information recommended an in-school mental health assessment, to be made by the school's mental health professional. As a result of the assessment, SAP services were recommended to address self-esteem issues as well as to follow up on the hospital discharge recommendation for family counseling. Ronny joined the SAP coping skills group and began attending family counseling sessions with his mother and grandmother.

Ronny's success

Ronny attended his school's coping skills group from 10th through 12th grade. At the time of graduation, he had met all of his identified goals – his communication skills with family and peers was much improved, he displayed respect for his parents and a better understanding of their problems, and he had stopped drinking and using drugs. There were no further reports of suicidal ideation or attempts. In the fall, Ronny will attend a local community college with the intention to transfer to a four-year school to complete a degree in secondary education, so he will be able to help students with the sort of problems he faced and overcame.

For more information on starting a Student Assistance Program, visit the Web site of the National Association of Student Assistance Professionals (www.nasap.org).

To subscribe to Student Assistance Journal, *call 1-800-453-7733 or write to* Student Assistance Journal, *1270 Rankin Drive, Suite F, Troy MI 48083.*

Martha Harvie and Ken Kuhns contributed to this article.

Sharing the wealth, continued from page 3

pursue one or more of the specialization tracks that the Institute offers to earn Certificates of Clinical Development; this enables them to complete virtually all of the training required to maintain licensure – at a great savings of time and cost." Most workshops and seminars offer continuing education credits (CEUs) to certified counselors, social workers, and psychologists in Pennsylvania and surrounding areas through either the American Psychological Association, the National Board of Certified Counselors, or the Pennsylvania Society for Social Work, Inc.

Scott Erickson, Ph.D., Vice President of Administration at KidsPeace and Chief Learning Officer for the KidsPeace Institute, is particularly proud of the KidsPeace Institute's ability to "coordinate large programs – like our annual National Conference – where our own staff and outside attendees can be exposed to information from outstanding thought leaders in our field, and have the learning experience verified by earning CEUs."

Sharing a wealth of knowledge

Argentina Bancos, Case Manager for Concern®, a treatment facility for adolescent males in Coatesville, Pennsylvania, attended her first KidsPeace seminar in May of 2002. In a dog-eat-dog business world, Concern might be considered a "competitor" of KidsPeace. Yet the bond between children's mental health care workers has little regard for "anything you can do, I can do better" sentiments; "anything I can do better, I will help you" seems more apropos.

According to Bancos, "As social workers, it's our job to help kids become productive members of society, to give kids a chance to make positive behavioral changes. It's a very complex process, and people who are part of this process need the best training. This seminar contributes to that training.

"Social Work is a very stressful job, and we need all the support we can get," she continues. "Concern® funded my coming here; the information presented is important for us to know. If we don't know, we can't help. I see myself as a person who 'helps the boat to run into the right direction,' who continually learns new ideas and suggestions that help provide for kids' needs, counselors' needs, and the community's needs."

KidsPeace employee Patrick Lee agrees. "It's a very professional approach to training," says Lee. A treatment team supervisor for one of KidsPeace's residential programs, Lee has attended many different seminars over the years. "They help me think about how I am approaching my job – what I am doing right, and what I could be doing better. The most recent conference I attended was just excellent; I got so much out of it. It opened my eyes to skills that I already have – and provided me with fresh ideas on how to use those skills in new ways. The minute I left, I began thinking about the best way to share all of the information that I learned with others." All of which brings to mind another, less known African proverb: "He who learns, teaches."

For more information about the KidsPeace Institute, please visit www.kidspeace.org or call 610-799-7170.

Call for articles

Are you interested in writing for *Healing* magazine? If you are a professional in the field of mental health, we welcome your submission. We are always looking to publish informative articles pertaining to the needs of parents, mental health professionals, and today's at-risk and special needs youth. Please read our submission guidelines and decide if *Healing* magazine is the right medium for you.

Healing magazine submission guidelines

Length: Articles should be 1,000 to 2,000 words in length, and consist of practical, clinical information about children's mental health that can be applied in the home, classroom, community, and/or office setting.

Format: Microsoft Word-compatible documents on floppy or zip disk should be directed to:

***Healing* magazine**
c/o KidsPeace Creative Services
4125 Independence Drive, Suite 4
Schnecksville, PA 18078

Articles can also be sent via e-mail to: healing@kidspeace.org.

**Healing* magazine reserves the right to edit all manuscripts.

KidsPeace®
The National Center for Kids Overcoming Crisis

Admissions
KidsPeace Hospital
KidsPeace National Centers
1-800-8KID-123
admissions@kidspeace.org

HelpLine
1-800-334-4KID
helpline@kidspeace.org

Web sites
www.kidspeace.org
www.fostercare.com
www.TeenCentral.Net

Locations
Georgia • Indiana
Maine • Maryland
Minnesota • New Jersey
New York • North Carolina
Pennsylvania • Virginia

62

KidsPeace Institute™

Promoting Educational Excellence in Children's Behavioral Health Care

Continuing Clinical Education Series

2002-2003

Don't miss out!

16 CEUs at an unbeatable price

October 9, 2002 In Your Face: Understanding Oppositional Defiant Disorder
November 13, 2002 The Shadow Children: Learning Disabilities, Their Diagnosis, and Social-Emotional Impact
December 11, 2002 Living with Children on the Autistic Spectrum: Perspectives for Parents
January 8, 2003 Why Kids Get Stuck in Destructive Behavior: The Importance of Diagnosing and Treating Post-Traumatic Stress Disorder
February 12, 2003 Double Trouble: Dual Diagnosis – Co-Occurring Substance Abuse and Mental Health Disorders
March 12, 2003 Trying Not to Jump to Conclusions: Understanding and Treating Attention-Deficit/Hyperactivity Disorder
April 9, 2003 Adolescent Drug Use: Trends in Abuse, Treatment, and Prevention
May 14, 2003 Pediatric Psychopharmacology: Chemical Spanking or Therapy?

CCE Membership and Pre-Registration Form CCE2002

❑ Yes, I would like to reserve a membership in the 2002-03 Continuing Clinical Education Series. Enclosed, please find my membership fee of $60, which entitles me to attend any and all of the CCE events for which I pre-register below.

❑ No, I would NOT like to reserve a membership in the 2002-03 Series. However, I will attend some events during the season. Enclosed, please find my per-event fees. (Non-members, please pay $15 for each event you plan to attend.)

Name:_____ Credentials:_____

Type of CEU requested:_____

Mailing address:_____

Phone:_____ E-mail address:_____
(Monthly reminders and updates will be sent via e-mail. Please be sure to include this information.)

Please pre-register me for the following CCE Series events:

___ Oct. 9, 2002 ___ Nov. 13, 2002 ___ Dec. 11, 2002 ___ Jan. 8, 2003 ___ Feb. 12, 2003 ___ Mar. 12, 2003 ___ Apr. 9, 2003 ___ May 14, 2003

Note: *If you need to cancel your registration for one of these events at a later date, please call 610-799-7170.*

Total fee enclosed: $_____

Payment method: Visa, MasterCard, Personal check, or Business check (payable to KidsPeace) ❑ Visa ❑ MasterCard

Name (as it appears on credit card): _____

Credit card number: _____ Expiration date: _____

Signature of card holder: _____

Payment required with pre-registration form. For more information, please visit us on the Internet at **www.kidspeace.org**.

Refund policy: Please note that only those refund requests received in writing by October 1, 2002 will be processed.

To apply for membership and to receive the discounted membership rate, your application must be received by September 20, 2002.

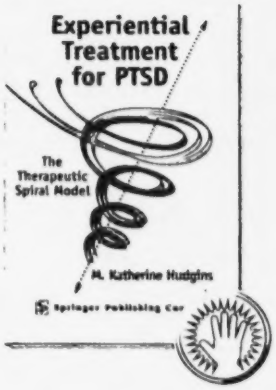
Mail completed membership application, pre-registration, and payment by September 30, 2002 to: Jocelyne Tshishimbi, KidsPeace CCE Coordinator, 5300 KidsPeace Drive, Orefield, PA 18069.

Healing High Fives

We at *Healing* magazine are always looking for new resources for helping kids. In this feature, we spotlight and give a big "High Five" to tools that we think are unique and beneficial for kids. If you have a suggestion for "*Healing* High Fives" please send it to healing@kidspeace.org or mail it to *Healing* magazine, 4125 Independence Drive, Suite 4, Schnecksville, PA 18078.

Experiential Treatment for PTSD: The Therapeutic Spiral Model

by M. Katherine Hudgins, Ph.D., TEP



Healing the effects of personal trauma not only benefits the victims of trauma, it also has an added benefit to the larger community – stopping the cycle of violence that begets war, terrorism, and generations of family pain.

So asserts M. Katherine (Kate) Hudgins, Ph.D., a clinical psychologist and internationally recognized speaker and presenter on innovative trauma treatment. Hudgins believes that healing from trauma can happen surprisingly quickly when using methods that directly address how trauma is stored in the brain and the body. Her book details the holistic model for treating Post-Traumatic Stress Disorder (PTSD) that she developed and "road tested" in hundreds of workshops from Israel and Northern Ireland to Turkey and South Africa, consistently meeting with positive results.

In offering this step-by-step guide for using her methods safely, Hudgins presents the theoretical foundations of her model, research and theories on trauma, and a strong case for experiential psychotherapy as the treatment of choice for PTSD when the treatment is anchored in clinical theory and practice. Each chapter contains action vignettes and case examples to demonstrate the process and progress of the spiral technique with its six clinical action structures, and 14 advanced intervention modules. Following the clients' progress within the model, Hudgins shows how each is able to come to terms with his or her history of trauma.

Hudgins is the founder of Therapeutic Spiral International, a non-profit organization based in Charlottesville, Virginia, that provides training in the model. More information is available from www.therapeuticspiral.org, which also lists a number of papers, essays, and links for other information on trauma. — *Karen Carnabucci, MSS, CICSW, LSW, TEP*

Published: 2002
Springer Publishing Company
536 Broadway
New York, NY 10012
www.springerpub.com

Boys know it all: Wise thoughts and wacky ideas from guys like you

Compiled by Michelle Roehm

The Girls Know Best book series, comprised of the winning writings of the "Girl Writer Contest" held each year by Beyond Words Publishing, always lacked fans in one reading group – boys. So in response, Beyond Words Publishing held a "Boy Writer Contest" for young men ages 6 to 16, requesting original material about everyday issues guys deal with, and how they choose to handle them. Michelle Roehm compiled the thoughts and ideas of the 32 winners, and the result is *Boys Know It All: Wise thoughts and wacky ideas from guys like you*. And the topics they cover! Advice on how to deal with siblings (mainly sisters), cooking, how to get through life without fighting, and the dangers of drug use are a few of the many themes. The book is a useful resource for boys dealing with day-to-day issues they feel no one else experiences.

With chapter titles like "Doing the Team Thing: The Soul of Sports," "Surviving Sisters," "A Gentlemen's Guide to Life," "Stand Up for Yourself," and "Being the Best Big Brother," this book is never short of an answer for guys who are looking for advice. Whether it is to compare notes, seek a second opinion about a problem, or even try a new snack recipe – "Feed Your Face: Crazy Kitchen Concoctions" offers many uses for ketchup – boys of all ages will enjoy this creative and inspiring book. Best of all, it gives its audience the opportunity to have their writing published. Beyond Words Publishing sets no deadline for entering their writing contests because they plan to continue the book series. — *Stephanie A. Cipriani*

Published: 1998
Beyond Words Publishing, Inc.
20827 NW Cornell Road, Suite 500
Hillsboro, Oregon 97124
Call: 800-284-9673
www.beyondword.com

You said...
You said you'd always love me
You said there was not need to worry
You said I would soon be grown
You said there was no hurry
You said that I needed shelter but
You said to spread my wings
You said I didn't need to be a child
You said it was all trivial things
You said I needed independence
You said I didn't need you
You said you only wanted what's best
You said you wanted what's true
You said I had to take care of me but
You said my job was "mother"
You said you knew I could do it
You said I didn't need another
You lied.
- By Rosey S., age 17.

BEST COPY AVAILABLE

The art of poetry, prose, drawing, painting, sculpture ...

KidsArt™

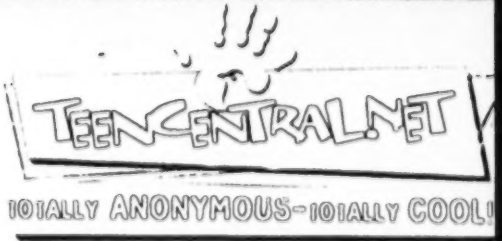
65

It serves as an outlet for pain, fear, hope. It reflects progress, resolution, success.
The art of kids. The art of healing at KidsPeace.

LOG ON. WORK IT OUT.

TeenCentral.Net is a winner!!
- Microsoft: One of six most innovative and constructive uses of its software in 1999
- Yahoo: best teen site on the Internet
- USA Today: best bet for educators

And don't forget to look for our award-winning TV Public Service Announcements!



KidsPeace
The National Center for Kids Overcoming Crisis

1650 Broadway
Bethlehem, PA 18015-3998

**********AUTO**3-DIGIT 274
MS DEETRA THOMPSON 38752
PROCESSING AND ACQUISITION COORDINATOR S
E R I C / C A S S
201 FERGUSON BUILDING BUILDING
PO BOX 26171
GREENSBORO NC 27402-6171

Non-Profit Org.
U.S. Postage
PAID
Permit No. 135
Midland, MI

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

X	This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.
	This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").